

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB 26 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L19952

1. Corporation Name

G+B Aviation, Inc

2. Principal Office Address

7001 N.W. 25th St.

3. Mailing Office Address

Suite, Apt. #, etc.

#600

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33122

Country

USA

Zip

Country

REINSTATEMENT

00-01

4. Date Incorporated or Qualified
To Do Business in Florida

09/29/89

5. FEI Number

65-0143164

Applied **SP**

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ana Gutierrez

Street Address (P.O. Box Number is Not Acceptable)

7001 NW 25th St.

Suite, Apt. #, Etc.

#600

City

Miami

State
FL

Zip Code

33122

600003803086

03/06/01-01114-002

****900.00 ****900.00

I, being appointed the registered agent of the above named corporation, do hereby acknowledge and accept the obligations of section 607.0401 or 617.0401, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 2/15/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Gutierrez Hernando	7001 NW 25th St. Miami, Florida.	Miami, FL 33122

10. I certify that I am an officer, director, officer or receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

2/16/01

(786) 331-9079

Date

Daytime Phone #