

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 MAY -5 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L20369

1. Corporation Name **CL Aircraft XXV, Inc.**
9420 S.W. 77th Avenue
Suite 100
Miami, FL 33156-7900

Principal Place of Business

Mailing Address

Same

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida October 4, 1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0149463	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DPT	Stuart L. Cauff	9420 S.W. 77th Avenue	Miami, FL 33156
DVS	Wayne D. Lippman	9420 S.W. 77th Avenue	Miami, FL 33156

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95-9-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

		Name Wayne D. Lippman	
		Street Address (P.O. Box Number is Not Acceptable) 9420 S.W. 77th Avenue	
		Suite, Apt. #, Etc. Suite 100	
		City Miami	State FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Wayne D. Lippman*
REGISTERED AGENT MUST SIGN

Date **4/29/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the 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: *Wayne D. Lippman* **Wayne D. Lippman** **4/29/97** **(305) 274-7277**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #