

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

97-02



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 21 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L42530

1. Corporation Name

COMMERCIAL AVIATION, INC.

2. Principal Office Address

4050 S.W. 11th Terrace

Suite, Apt. #, etc.

City & State

Fort Lauderdale

Zip

33315

Country

USA

3. Mailing Office Address

4036 Eastridge Circle

Suite, Apt. #, etc.

City & State

Pompano Beach

Zip

33064

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/16/1990

5. FEI Number

65-0171737

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 97-02

7. Name and Address of Current Registered Agent

Name

IRONILDES A. TEIXEIRA

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

4036 Eastridge Circle

Suite, Apt. #, Etc.

City

Pompano Beach

State
FL

Zip Code

33064

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10/21/02 01072-015

***1508.75 ***1508.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/15/02

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 |
|--------|--------------------------------------|---|-------------------------|
| PSTD | Ironildes A. Teixeira | 4036 Eastridge Circle | Pompano Beach, FL 33064 |
| VD | Ana M. Teixeira | 4036 Eastridge Circle | Pompano Beach, FL 33064 |
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10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

10/15/02

Daytime Phone #

(954) 737-7034

CR2E081 (9/01)