

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 FEB 23 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **MD8037**

1. Corporation Name, **FAB AIR, Corp.**

2. Principal Office Address **3309 NW 7 St**

Suite, Apt. #, etc.

City & State  
**Miami, FL**

Zip Country  
**33125 U.S.A.**

3. Mailing Office Address **3309 NW 7 St.**

Suite, Apt. #, etc.

City & State  
**Miami, FL**

Zip Country  
**33125 U.S.A.**

4. Date Incorporated or Qualified  
To Do Business in Florida **1988**

5. FEI Number  
**59-2455947**

Applied For  
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 **Fabio Tellez**

Street Address (P.O. Box Number is Not Acceptable)  
**13332 SW 61 St.**

Suite, Apt. #, Etc.

City  
**Miami**

State Zip Code  
**FL 33183**

**500003811025-5**  
**-03/07/01--01107--018**  
**\*\*\*\*\*900.00 \*\*\*\*\*900.00**

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 **Fabio Tellez**  
REGISTERED AGENT MUST SIGN

Date **2/20/2001**

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
<b>Pres. Treas. Secret.</b>	<b>Fabio Tellez</b>	<b>13332 SW 61 St</b>	<b>Miami, FL 33183</b>

**REINSTATEMENT**

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.

**305**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/20/2001 649-1154**

CH2E081 (9/99)