

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 NOV -4 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M10767

1. Corporation Name

JBQ AVIATION CORP.

Principal Place of Business

Mailing Address

~~7830 N.W. 64TH STREET~~
~~MIAMI FL 33166~~
~~US~~

~~7830 N.W. 64TH STREET~~
~~MIAMI FL 33166~~
~~US~~



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

2. New Principal Office Address, If Applicable

12072 MIRAMAR PARKWAY 12072 MIRAMAR PARKWAY

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

12072 MIRAMAR PARKWAY

Suite, Apt. #, etc.

City & State

MIRAMAR, FLORIDA

Zip
33025

Country

City & State

MIRAMAR, FLORIDA

Zip
33025

Country

REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida

01/28/1985

5. FEI Number

59-2526541

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PDS	QUALLEY, JAMES B.	7830 NW 64 ST	MIAMI FL 33166
PDS	QUALLEY, JAMES B.	12072 MIRAMAR PARKWAY	MIRAMAR, FL. 33025

700008792737
11/04/02--01110--023 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

QUALLEY, JAMES B

~~7830 NW 64TH ST~~ 12072 MIRAMAR PARKWAY
~~MIAMI FL 33166~~ MIRAMAR, FL. 33025

Name

QUALLEY, JAMES B.

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

12072 MIRAMAR PARKWAY

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33025

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. or 617.0505, F.S.

Signature of
Registered Agent

James B. Qualley
REGISTERED AGENT MUST SIGN

Date

NOV 1, 02

11. 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:

James B. Qualley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

NOV 1, 02
Daytime Phone #