

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

02 FEB -7 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M16556

1. Corporation Name

BLACK LION AVIATION CORP.

2. Principal Office Address

3525 Estepona Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33178

Country

Miami-Dade

3. Mailing Office Address

3525 Estepona Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33178

Country

Miami-Dade

REINSTATEMENT

1996-2002

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

June 11, 1985

5. FEI Number

59-2548711

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

Lamont & Neiman, P.A.

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

Two South Biscayne Boulevard

Suite, Apt. #, Etc.

Suite 3550

City

Miami

State

FL

Zip Code

33131

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

REGISTERED AGENT MUST SIGN Jan S. Neiman, Secretary

Date

2/6/02

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
D/P	Gregory Dunn	3525 Estepona Avenue	Miami, FL 33178
D/S	Philip Dunn	3525 Estepona Avenue	Miami, FL 33178

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

Philip Dunn, Secretary

Date

2/6/2002

305-592-7660

Daytime Phone #

CR2E081 (9/99)

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Black Lion Aviation Corp

- RECEIVED
02 FEB -7 PM 12:40
DIVISION OF REVENUE
TALLAHASSEE, FL 32304
- ☐ Art of Inc. File _____
 - ☐ LTD Partnership File _____
 - ☐ Foreign Corp. File _____
 - ☐ L.C. File _____
 - ☐ Fictitious Name File _____
 - ☐ Trade/Service Mark _____
 - ☐ Merger File _____
 - ☐ Art. of Amend. File _____
 - ☐ RA Resignation _____
 - ☐ Dissolution / Withdrawal _____
 - ☒ Annual Report / Reinstatement _____
 - ☐ Cert. Copy _____
 - ☐ Photo Copy _____
 - ☒ Certificate of Good Standing _____
 - ☐ Certificate of Status _____
 - ☐ Certificate of Fictitious Name _____
 - ☐ Corp Record Search _____
 - ☐ Officer Search _____
 - ☐ Fictitious Search _____
 - ☐ Fictitious Owner Search _____
 - ☐ Vehicle Search _____
 - ☐ Driving Record _____
 - ☐ UCC 1 or 3 File _____
 - ☐ UCC 11 Search _____
 - ☐ UCC 11 Retrieval _____
 - ☐ Courier _____

Signature _____

Requested by: AW 2/7

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____