

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 20 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M19358

1. Corporation Name

AIRLINE PROFESSIONAL SERVICES, INC.

Principal Place of Business

Mailing Address

6321 LAKE GENEVA RD
MIAMI LAKES FL 33014
US

P.O. BOX 52-8004
MIAMI FL 33152
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

6321 Lake Geneva Rd

Miami Lakes, FL

33014

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/13/1985

5. FEI Number

59-2565498 -

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
P	MARRERO OSVALDO	6321 LAKE GENEVA ROAD	MIAMI FL
ST	MARRERO, ARTURO	2021 N.W. 114 AVENUE	PEMBROKE PINES FL
VP	MARRERO, NELSYS	6321 LAKE GENEVA RD.	MIAMI FL

800023957728

10/20/03 01057 027 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARRERO, OSVALDO
6321 LAKE GENEVA ROAD
MIAMI FL 33014

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Date 10-16-03

REGISTERED AGENT MUST SIGN

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:

Osvaldo Marrero

10-16-03 305-821-9404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (7/03)

AIRLINE PROFESSIONAL SERVICES INC.

Telephone: 305-821-9404
Fax: 305-362-4675

6321 Lake Geneva Road
Miami Lakes, FL 33014

October 16, 2003

FLORIDA DEPARTMENT OF STATE
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

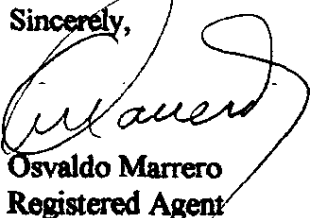
Re: Reinstatement Application
FEI No. 59-2565498

Dear Sirs:

Enclosed please find PCL Check No. 06556 of today's date payable to you in the amount of \$150.00 covering the Corporation Annual Report Fee for year 2003.

Please be advised that we never received the Annual Report form for this year. You may probably mailed it to the mailing address in your records which is no longer valid. The corresponding mailing address has been indicated on the Application for Reinstatement form herewith enclosed. Kindly waive the applicable reinstatement fee on our case due to the above mentioned reason.

Sincerely,



Osvaldo Marrero
Registered Agent