

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL 16 PM 1:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # *M33995*

1. Corporation Name

AERO CLUB INTERNATIONAL, INC.

REINSTATEMENT 02-03

600021590556
07/16/03--01049--004 **900.00

2. Principal Office Address

6810 SW 5 ST

3. Mailing Office Address

17260 SW 83 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1

City & State

MIA FLA

City & State

MIAMI FLA

Zip

33144

Country

MIADADE

Zip

33157

Country

MIA DADA

4. Date Incorporated or Qualified
To Do Business in Florida

6-20-86

5. FEI Number

592694355

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

IRVING J. WHITMAN, ESQ

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

17260 SW 83 CT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33157

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

7/11/03

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
<i>P</i>	<i>Felix Sanchez</i>	<i>6810 SW 5 ST MIA FLA</i>	<i>MIA FLA 33144</i>
<i>V</i>	<i>Felix Sanchez JR</i>	<i>6810 SW 5 ST</i>	<i>MIA FLA</i>
<i>S</i>	<i>Cheta Sanchez</i>	<i>6810 SW 5 ST</i>	<i>MIA FLA</i>

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/03

Date

305-

Daytime Phone #

21 7/16