

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 13 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M47652**

1 Corporation Name

International Airport Management, Inc.
P.O. BOX 998018
Miami, Florida 33299

Principal Place of Business

Mailing Address

P.O. BOX 998018
Miami, Florida 33299

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

REINSTATEMENT

2 New Principal Office Address, If Applicable

3 New Mailing Address, If Applicable

11570 S.W. 72 AVE.

4 Date Incorporated or Qualified
To Do Business In Florida

3-4-87

Suite, Apt. #, etc

Suite, Apt. #, etc

5 FEI Number

59-2814238

Applied For

Not Applicable

City & State

City & State

Miami, Fl

Zip

Country

Zip

33156

Country

Dade

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/S	Ghraoui, Ali N.	11570 S.W. 72 AVE.	000002030070--3 Miami, FL 33156 ***375.00 ***375.00

8. Name and Address of Current Registered Agent

Ali N. Ghraoui
11570 S.W. 72 AVE.
Miami, Florida 33156

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

Ali N. Ghraoui
REGISTERED AGENT MUST SIGN

Date 12/10/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 NAME OF SIGNING OFFICER OR DIRECTOR

Ali N. Ghraoui
Ali N. GHRAOUI

12-2-96

(305) 876-7474

Date

Daytime Phone #

CR2040 (12/95)