

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

RECEIVED
AND
FILED

97 NOV 24 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M49633

1. Corporation Name

HORIZON AIRCRAFT SALES, INC.

Principal Place of Business

C/O ROBERTO VILLAVICENCIO
5805 BLUE LAGOON DR., STE.350
MIAMI FL 33126

Mailing Address

C/O ROBERTO VILLAVICENCIO
5805 BLUE LAGOON DR., STE.350
MIAMI FL 33126

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

2. New Principal Office Address, If Applicable

C/O Roberto Villavicencio

Suite, Apt. #, etc.
7270 NW 12th St, Suite 660

City & State
Miami, FL

Zip
33126

Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
7270 NW 12th St, Suite 660

City & State
Miami, FL

Zip
33126

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/02/1987

5. FEI Number

59-2791926

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	VILLAVICENCIO, ROBERTO	7904 SW 199 TER	MIAMI FL
			800002356208--7 -11/25/97--01025--007 ****750.00 ****750.00
			REINSTATEMENT (97)
			G. Alan 11/24/97

8. Name and Address of Current Registered Agent

VILLAVICENCIO, ROBERTO
5805 BLUE LAGOON DR.
STE.350
MIAMI FL 33126

9. Name and Address of New Registered Agent

Name Roberto Villavicencio

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

7270 NW 12th Street

Suite, Apt. #, Etc.

Suite 660

City Miami

State FL

Zip Code 33126

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

REGISTERED AGENT MUST SIGN

Date 11/21/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for Information
on Intangible tax.)

12. 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

Date

Daytime Phone #

CR2040 (8/97)