


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # **M56938**

1. Corporation Name

SAETA AIRLINES, INC.

Principal Place of Business

~~C/O PATRICIA SUAREZ~~
7200 N.W. 19TH ST. #402
MIAMI FL 33126
US

Mailing Address

~~C/O PATRICIA SUAREZ~~
7200 N.W. 19TH ST. #402
MIAMI FL 33126
US

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

2. New Principal Office Address, If Applicable

Patricio Suarez
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Patricio Suarez
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

08/07/1987

5. FEI Number

65-0015060

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
DP	DUNN BARREIRO, ROBERTO	KM 2 1/4 AV.CJ AROSEMENA	GUAYAQUIL, ECUADOR
D	SUAREZ, PATRICIO	7200 NW 19TH ST. #402	MIAMI FL 33126
PV	DUNN, ROBERTO S	7200 NW 19TH ST. #402	MIAMI FL 33126
DVP	INTRIAGO, MAURO D	7200 NW 19TH ST. #402	MIAMI FL 33126

REINSTATEMENT

1997
A. Alan

8. Name and Address of Current Registered Agent

ROSENBLATT, ESQ., ANDREW B
FIRST UNION FINANCIAL CENTER #2710
200 S. BISCAYNE BLVD.
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

200002338262-3
11/04/97-01050-024
****750.00 ****750.00

FL

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **10-27-97**

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 #

CR2E040 (8/97)