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 NOV 13 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N23046

1. Corporation Name

AIRLINE VETERANS ASSOCIATION INC.

Principal Place of Business	Mailing Address
333 NW 31ST AVENUE MIAMI BEACH FL 33125 US	333 NW 31ST AVENUE MIAMI BEACH FL 33125 US

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

2. New Principal Office Address, If Applicable: 29 SAN SEBASTIAN
Suite, Apt. #, etc.:
City & State: CORAL GABLES, FL
Zip: 33134 County: DADE

3. New Mailing Office Address, If Applicable: SAME
Suite, Apt. #, etc.:
City & State:
Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 10/16/1987

5. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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	ROSADO, DULCE M.	2427 SW 102 COURT	MIAMI FL
VPD	BLAKENSHIP, BLANCA	1980 NW 36 AVE	MIAMI FL
S	ROSADO, LUCRE	2427 SW 102 COURT	MIAMI FL
T	NESPRAL, JOSE F.	333 NW 31 AVE	MIAMI FL
VTD	GUERRERO, JR. F	1409 BIARRITZ DR	MIAMI BEACH FL
VTD	GOMEZ, CONCHITA	2498 SW 17TH AVE #5313	MIAMI FL

11/15/96

8. Name and Address of Current Registered Agent

NESPRAL, JOSE F
~~333 NW 31ST AVE~~ 29 SAN SEBASTIAN
~~MIAMI FL 33125~~ CORAL GABLES, FL 3313X

9. Name and Address of New Registered Agent

Name: 500002009415--2
Street Address (P.O. Box Number is Not Acceptable): 11-20-96--01029--001
*****61.25 *****61.25
Suite, Apt. #, Etc.: 500002009415--2
City: -11/20/96--01029--002
FL *****175.00 *****175.00

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 REQUIRED — REGISTERED AGENT MUST SIGN
Date: Sep 30, 1996

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 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: J.F. NESPRAL Sep 30, 1996 305-461-9649
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (7/96)