

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 DEC 27 PM 3:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000006727

**1. Corporation Name**

AMERICAN INSTITUTE OF AEROSPACE MEDICINE INC.

**2. Principal Office Address**

2380 SW 80 CT

**3. Mailing Office Address**

2380 SW 80 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33155

Country

Zip

33155

Country

**4. Date Incorporated or Qualified**

To Do Business in Florida 12/03/1997

**5. FEI Number**

65-0753640

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 01-04

**7. Name and Address of Current Registered Agent**

Name

OMAR DE ARMAS

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

2380 SW 80 CT

Suite, Apt. #, Etc.

City

MIAMI

300043651333

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State

FL

Zip Code

33155

**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

*Omar de Armas*

Date 12/23/2004

REGISTERED AGENT MUST SIGN

**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
D	OMAR DE ARMAS	2380 SW 80 CT	MIAMI, FL 33155
D	XIOMARA LEE	2380 SW 80 CT	MIAMI, FL 33155
D	MARIO RUIZ	2380 SW 80 CT	MIAMI, FL 33155
D	PEDRO REBOREDO	2380 SW 80 CT	MIAMI, FL 33155
D	VICTORIA LARRAURI	2380 SW 80 CT	MIAMI, FL 33155
D	OSCAR LARRAURI	2380 SW 80 CT	MIAMI, FL 33155

**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:

*Omar de Armas*

12/23/2004

(305) 514-6697

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)