

# **2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N97000006727

**FILED**  
**Dec 07, 2012**  
**Secretary of State**

**Entity Name:** AMERICAN INSTITUTE OF AEROSPACE MEDICINE INC.

**Current Principal Place of Business:**

2380 SW 80 CT  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

2380 SW 80 CT  
MIAMI, FL 33155

**New Mailing Address:**

**FEI Number:** 65-0753640

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DE ARMAS, OMAR  
2380 SW 80 CT  
MIAMI, FL 33155 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** OMAR DE ARMAS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** DE ARMAS, OMAR  
**Address:** 2380 SW 80 CT  
**City-St-Zip:** MIAMI, FL 33155

**Title:** P  
**Name:** XIOMARA, LEE  
**Address:** 2380 SW 80 CT.  
**City-St-Zip:** MIAMI, FL 33155

**Title:** D  
**Name:** RUIZ, MARIO  
**Address:** 2380 SW 80 CT  
**City-St-Zip:** MIAMI, FL 33155

**Title:** D  
**Name:** LARRAURI, VICTORIA  
**Address:** 2380 SW 80 CT  
**City-St-Zip:** MIAMI, FL 33155

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** OMAR DE ARMAS

D

12/07/2012

Electronic Signature of Signing Officer or Director

Date