

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000002821

1. Corporation Name

AERO ADVISORS INC.

Principal Place of Business

19131 NORTHWEST 88TH COURT  
MIAMI FL 33018

Mailing Address

19131 NORTHWEST 88TH COURT  
MIAMI FL 33018

19131 North West 88 Court

19131 N.W. 88 COURT

2. New Principal Office Address, If Applicable

P.O. Box 66-8706  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 66-8706  
Suite, Apt. #, etc.

City & State  
MIAMI, Florida

Zip 33018  
Country USA

City & State  
MIAMI Florida

Zip 33018  
Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/03/2000

5. FEI Number

EIN 22-3707082

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	ROBERT ALVAREZ	19131 N.W. 88 CT. P.O. Box 66-8706	MIAMI, Florida 33018
			100004706081--8
			-12/05/01--01055--008
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

ALVAREZ, ROBERT  
19131 NORTHWEST 88TH COURT  
MIAMI FL 33018

9. Name and Address of New Registered Agent

Name  
ROBERT ALVAREZ  
Street Address (P.O. Box Number is Not Acceptable)  
P.O. Box 66-8706 19131 N.W. 88 CT.  
Suite, Apt. #, Etc.

City  
MIAMI

State FL Zip Code 33018

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 10/15/01

11. 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:

ROBERT ALVAREZ

10/15/01 (786) 205-8207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #