

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 APR -1 PM 4:00

DOCUMENT # P00000006729

1. Corporation Name

INTERNATIONAL AEROSPACE GROUP, CORP.

Principal Place of Business

2766 W 70TH STREET  
HIALEAH FL 33016

Mailing Address

2766 W 70TH STREET  
HIALEAH FL 33016



REINSTATEMENT

01-02

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

2. New Principal Office Address, If Applicable

5531 NW 72 Avenue

Suite, Apt. #, etc.

City & State

Miami, FL 33166

Zip 33166

Country Miami-Dade

3. New Mailing Office Address, If Applicable

5531 NW 72 Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip 33166

Country Miami-Dade

4. Date Incorporated or Qualified  
To Do Business in Florida

01/21/2000

5. FEI Number

☒ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	LUNA, HERBERT M - DELETE	2766 W 70TH STREET DELETE	HIALEAH FL 33016 DELETE
VPSD	COOK, CARLOS E - DELETE	2766 W 70TH STREET - DELETE	HIALEAH FL 33016 DELETE
PTD	Luna, Sara	5531 NW 72 Ave	Miami, FL 33166
			500005294455--5 -04/19/02--01012--003 ****300.00 ****300.00

8. Name and Address of Current Registered Agent

LUNA, HERBERT M  
2766 W 70TH STREET  
HIALEAH FL 33016

9. Name and Address of New Registered Agent

Name Sara Luna  
Street Address (P.O. Box Number is Not Acceptable)  
5531 NW 72 Ave  
Suite, Apt. #, Etc.  
City Miami State FL Zip Code 33166

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

*Sara Luna*

REGISTERED AGENT MUST SIGN

Date

3/22/02

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)(l), 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sara Luna*

Date

Daytime Phone #

3/22/02 (305) 889-1912

CR2E040 (801)