

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 31 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-04

DOCUMENT # P00000009320

1. Corporation Name

InterAereo A-1, Inc.

W04000009563

2. Principal Office Address

13068 NW 43 ave.

Suite, Apt. #, etc.

N/A

City & State

Op - Loche, FL

Zip

33054

Country

U.S.A.

3. Mailing Office Address

13068 NW 43 ave.

Suite, Apt. #, etc.

N/A

City & State

Op - Loche

Zip

33054

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

1-07-2000

5. FEI Number

65-0978291

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Luis Saucedo

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

8333 Lake dr.

Suite, Apt. #, Etc.

Suite 103

City

Miami

State

FL

Zip Code

33166

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1-26-04

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
PD	Luis Saucedo	8333 Lake dr. suite 103	Miami, FL 33166
STD	Julia Saucedo	8333 Lake dr. suite 103	Miami, FL 33166

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:

[Signature] LUIS A. SAUCEDO

Date

1-26-04

Daytime Phone #

986-357-2215

CR25081 (10/02)