

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 APR 21 AM 9:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P000000017307

Aviation Team

2. Principal Office Address

5151 E. Perimeter Road

Suite, Apt. #, etc.

Hangar #38

City & State

FT Lauderdale

Zip

33309

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FL

Zip

Country

USA

REINSTATEMENT 02-03

700015034847

04/01/03--01068--003 \*\*150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

02-17-00

5. FEI Number

05-0991828

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required  
for a Certificate of Status

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

Name

Esteban Fraga / President

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

5151 East Perimeter Road

Suite, Apt. #, Etc.

Hangar #38

City

FT Lauderdale

State

FL

Zip Code

33309

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

*Esteban Fraga*

REGISTERED AGENT MUST SIGN

Date

3/10/03

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
	Esteban Fraga President	1110 Buckell Avenue,	Miami, FL 33134

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:

*Esteban Fraga* / President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/10/03

Daytime Phone #

(954) 771-2512