

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -6 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000066481

1. Corporation Name

AVIATION CHARTER SERVICES, INC.

2. Principal Office Address

725 N. A1A

3. Mailing Office Address

725 N. A1A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE B-104

SUITE B-104

City & State

City & State

JUPITER, FL 33477

JUPITER, FL 33477

Zip

Country

Zip

Country

UNITED STATES

UNITED STATES

4. Date Incorporated or Qualified
To Do Business in Florida

7-10-00

5. FEI Number

65-1021280

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

PAUL A. BALTRUN

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

725 N. A1A

Suite, Apt. #, Etc.

SUITE B-104

City

JUPITER

State
FL

Zip Code
33477

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

REGISTERED AGENT MUST SIGN

Date

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
D/P	VICTOR MONES	1520 S.W. 10TH STREET	BOCA RATON, FL 33486

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:

VICTOR MONES

10-25-02 (561) 575-0037

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

2022

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs:

We honestly do not know what happened, but we can state that we never received the original report from your office. Because of this, we are respectfully requesting waiver of the penalty.

~~Yours truly,~~

Paul A. Baltrun
Registered Agent