The section of the Party of the Section of the Sect PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



CORPORATION



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P0000066481

Corporation Name

02 NOV -6 PM 3: 42

SECRETARY OF STATE TALLAHASSEE, FLORIDA

AV:	IATION CHARTER SE	RVICES,	INC.					
2. Principal Office Address 3. Mailing			Office Address			_		
7054-			N. A1A	•	171	MO II	00	ساء
Suite, Apt. #. etc Suite, Ap					- L	XOZ U	ΚK	N
SUITE B-104		i	SUITE B-104			4. Date Incorporated or Qualified To Do Business in Florida		
City & State JUPITER, FL 33477		1 -	City & State JUPITER, FL 33477			7-10-00 5. FEI Number Applied For		
Zip	Country	Zip		Country	65-10	21280	├	lot Applicable
	UNITED STA	1 '	1	•	ES CERTIFICA	TE OF STATUS DESIRED 🗍	\$8.75 Addition	al Fee require ate of Status
		7.	Name and Ado	fress of Current Registe	ered Agent			
	PAUL A. BALTRUI	PAUL A. BALTRUN						1
	Street Address (P.O. Box Number is Not Acceptable)							 गुः .
	- <u>/23 N. A/A</u>							1
	Suite, Apt.#, Etc. SUITE B-104							MUU saas
** .	JUPITER					State Zip Code	****	
8. I, being	g appointed the registered agent of the al	ove named corpo	oration, am fam	iliar with and accept the c	obligations of sect	• 	.s. · · · · · ·	
Signature of Registered Agent						Date		
		REGISTERED AG						
9. Names	and Street Addresses of Each Officer a	nd/or Director (Flo	orida nonprofit c	orporations must list at le	ast 3 directors)		 	
Titles	Name of Officers and/or Director	Street Address of Each Officer and /or Director			City / State / Zip			
D/P	VICTOR MONES	,	1520 S	.W. 10TH S	TREET	BOCA RATON,	FL 33	486
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						<u>-ii</u>		
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CR2E081 (9/01)

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 filling 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.

VICTOR MONES

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 10-25-02

(561)575-0037

Daytime Phone #



Aviation Charter Services, Inc. 725 N. A1A, Suite B-104 Jupiter, FL 33408 (561)575-0037

November 1, 2002

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

Re: Aviation Charter Services, Inc. Document No. P00000066481

Dear Sirs:

We have just learned that our annual business report has not been filed with your office for 2002. Therefore, enclosed please find our Corporation Reinstatement form with our check for \$150.00.

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.

Thank you.

Yours truly,

Paul A. Baltrun Registered Agent

Me impossive do una knew what happened in a we can state that we account received the subside variety from their fill a foremants. In process, we have a subsidiary partition well.

check for \$150,00.

We have first leading that our admitt head one report has not been the read what for 2002. Therefore, eachered places find our Corporation Reinstatement that with or