

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
AMENDED
ANNUAL RETURN



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 22 PM 3:17

DOCUMENT # P00000079510

1. Corporation Name

SUNCOAST AVIATION, INC.
9100 South Dadeland Drive #404
Miami, Florida 33156

2. Principal Office Address

9100 South Dadeland Drive
Miami, Florida 33156

Suite, Apt. #, etc.

3. Mailing Office Address

3953 NW 145th Street

Suite, Apt. #, etc.

Bldg. #180

City & State

Miami, Florida 33156

City & State

Opa Locka, Fla. 33154

Zip

33156

Country

USA

Zip

33154

Country

USA

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*******70.00 *****70.00**

4. Date Incorporated or Qualified To Do Business in Florida

08/22/2000

5. FEI Number

65 1099407

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

Lionel Barnet

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

9100 South Dadeland Boulevard Suite 404

Suite, Apt. #, Etc.

404

City

Miami

State

FL

Zip Code

33156

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 **June 18, 2001**

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
P/D	ELFRIEDEDTHOMPSON	3953 NW 145th Street	Opa Locka, Fla. 33154
D	VICTOR THOMPSON	3953 NW 145th Street	Opa Locka, Fla. 33154
S/T/D	LIONEL BARNET	#404 9100 South Dadeland Blvd.	Miami, Fla. 33156

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:

Lionel Barnet, Secretary/Treas.

305-670-7887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #