

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **001000016550**
1. Corporation Name
ASTUR AIR CORP.

2. Principal Office Address 1170 NW 51ST STREET		3. Mailing Office Address 1170 NW 51ST STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FT. LAUDERDALE, FL		City & State FT. LAUDERDALE, FL	
Zip 33309	Country USA	Zip 33309	Country USA

4. Date Incorporated or Qualified To Do Business in Florida **3/16/2001**

5. FEI Number 65-1145813	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

6. CERTIFICATE OF STATUS DESIRED ☐ **\$8.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name WILLIAM GUERRERO		900011413589	
Street Address (P.O. Box Number is Not Acceptable) 1170 NW 51ST STREET		01/30/03--01102--011 **901.00	
Suite, Apt. #, Etc.			
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

William Guerrero

REGISTERED AGENT MUST SIGN

Date **1/23/03**

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
D	JAVIER FERNANDEZ	MALLECINA SA MARICEN LOPEZ #1435	ASUNCION PARAGUAY
D	BELARMINO FERNANDEZ	MALLECINA SA MARICEN LOPEZ #1435	ASUNCION PARAGUAY

REINSTATEMENT 02/23/03

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:

Javier Fernandez

JAVIER FERNANDEZ

-PRESIDENT

Date

01/23/03

Daytime Phone #

954-4935088

CR2E081 (10/02)