

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS



FILED

02 NOV -7 AM 11:01

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P01000085687

1. Corporation Name
TMF AIRCRAFT, INC.

Principal Place of Business Mailing Address
 2705 S.W. 88 AVE. 2705 S.W. 88 AVE.
 MIAMI FL 33165 MIAMI FL 33165



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/29/2001	
City & State		City & State		5. FEI Number	
Zip		Country		80-0006677	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
BP	MELLENDEZ, JESUS	2705 S.W. 88 AVE.	MIAMI FL 33165
V	Melendez, Michelle	2705 SW 88 Ave	MIAMI FL 33165

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 11/07/02--01089--010 **150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MELLENDEZ, JESUS 2705 S.W. 88 AVE. MIAMI FL 33165		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State	Zip Code
		FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent [Signature] **SIGNATURE REQUIRED** Date 10/20/02
 REGISTERED AGENT MUST SIGN

11. 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: [Signature] **SIGNATURE REQUIRED** Date 10/20/02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2ED40 (8/02)

TMF AIRCRAFT, INC.

4108 NW 135th Street, Bay #9

Opa-Locka, FL 33054

Phone: (305) 687-1141 Fax: (305) 687-1142

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee FL 32314-6327

October 23, 2002

To whom it may concern,

This is in response to a NOTICE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION our company received on October 22, 2002. Our Corporation TMF Aircraft, Inc. did not receive **any** prior uniform business report (UBR) notices. Enclosed please find the completed application for reinstatement and \$150.00. Any further questions please contact me at (305) 262-4815 or (612) 964-3588 or the address on file.

Sincerely,



Jesus Melendez
President