

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Glenda E. Hood**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 NOV 17 PM 5:43

**DOCUMENT # P02000003860**

1. Corporation Name

**AVIAGLOBAL CORP.**

Principal Place of Business

Mailing Address

10355 N.W. 45 LANE  
MIAMI FL 33178

10355 N.W. 45 LANE  
MIAMI FL 33178

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/11/2002

5. FEI Number

☐ Applied For  
☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	BRIANZA, CARLOS R	10355 N.W. 45 LANE	MIAMI FL 33178
VD	MARTINEZ, JULIO	10355 N.W. 45 LANE	MIAMI FL 33178

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PETKOVICH, JOSE C  
10355 N.W. 45 LANE  
MIAMI FL 33178

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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]*  
REGISTERED AGENT MUST SIGN

Date 10/16/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/03  
Date

305-598568  
Daytime Phone #

CR2040 (7/03)

October 17, 2003 RYOR

To whom it may concern:

Today I call 1850 245-6059 and I talked to a gentleman regarding a document he told me it was send it to us on May 13, 2003 asking for FEI number.

I never receive that letter and he told me to send this letter explaining that FEI is not applicable because the corporation did not have any activity since we form the corporation.

Thank You very much for your cooperation

Sincerely  
Jose C Petkovich