

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 APR -5 AM 9:08
APR 07 2007
TALLAHASSEE, FLORIDA

DOCUMENT # P02000004883

1. Corporation Name

AERO-NAUTICAL, INC.

REINSTATEMENT 05-07
CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
1217 MANDARIN ISLE

3. Mailing Office Address
1217 MANDARIN ISLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FT LAUDERDALE, FL

City & State
FT LAUDERDALE, FL

Zip #
33315 Country
U.S.

Zip
33315 Country
U.S.

4. Date Incorporated or Qualified
To Do Business in Florida **1/15/2002**

5. FEI Number
04-3595619

☐ 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
AERO-NAUTICAL, INC.

Street Address (P.O. Box Number is Not Acceptable)
1217 MANDARIN ISLE

Suite, Apt. #, Etc.

City
FT LAUDERDALE

State
FL Zip Code
33315

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Paul Oskman
REGISTERED AGENT MUST SIGN

Date **3/19/07**

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	OAKMAN, PAUL	1217 MANDARIN ISLE	FT LAUDERDALE, FL 33315
			200096359158 04/10/07--01041--015 **450.00
	<i>Paul</i>		

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 contained in Chapter 119, 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:

Paul Oskman **PAUL OAKMAN**

3/19/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #