

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 OCT 13 PM 2:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000012239**

1. Corporation Name

**ACTION AIR SERVICES, INC.**

Principal Place of Business

4816 N.W. 97 AVE.  
SUNRISE FL 33351

Mailing Address

4816 N.W. 97 AVE.  
SUNRISE FL 33351



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/29/2002

5. FEI Number

26-0034146

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
D	D'AMICO, STEVE	4816 N.W. 97 AVE.	SUNRISE FL 33351
D	CHENEY, WILLIAM	474 S.W. 183 WAY	PEMBROKE PINES FL 33029

500023749865  
10/13/03--01066--008 \*\*150.00

8. Name and Address of Current Registered Agent

D'AMICO, STEVE  
4816 N.W. 97 AVE.  
SUNRISE FL 33351

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date

10-9-2003

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

Date

Daytime Phone #

BUS. 954-448-2698  
Home 954-572-4332  
10-9-2003

CR2E040 (7/03)

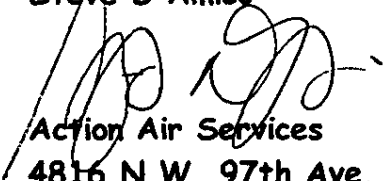
October 9, 2002

Florida Department of State  
Glenda E. Hood  
Secretary of State  
Division of Corporations

To whom it may concern,

Please be advised that Action Air Services NEVER received any notices regarding a failure to file the 2003 annual report/uniform business report. We don't even have any idea what this is, but we're going to find out and fill out the proper paperwork, etc. and send it in as soon as possible. The "dissolution or revocation" notice was the first we've heard of this. Since this is our first business (2002), we obviously still have a lot to learn.

Sincerely,  
Steve D'Amico



Action Air Services  
4816 N.W. 97th Ave.  
Sunrise, Fl. 33351  
(954)448-2698