

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000046127

1. Corporation Name

DIVERSIFIED AERO ASSET MANAGEMENT
INC.

2. Principal Office Address

1614 NW 29TH CT

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33125

Country

DAVE

3. Mailing Office Address

1614 NW 29TH CT

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33125

Country

DAVE

FILED

03 OCT 30 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/26/02

5. FEI Number

38-3648820

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

PAUL J. POLITO

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

1275 SW 130 AVE

Suite, Apt. #, Etc.

City

DAVE

State
FL

Zip Code

33325

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

[Signature]

Date

10/28/03

REGISTERED AGENT MUST SIGN

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
<u>P</u>	<u>GABRIELA PACHECO</u>	<u>1614 NW 29TH CT</u>	<u>MIAMI FL 33125</u>
<u>STD</u>	<u>PAUL POLITO</u>	<u>1275 SW 130 AVE</u>	<u>DAVE FL 33325</u>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

10/28/03 786 367 6563

Daytime Phone #