

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR -4 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO2000046552

1. Corporation Name

CAV-AIR AVIATION INC.

2. Principal Office Address

3803 NW 69 TERRACE

3. Mailing Office Address

PO BOX 772321

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS, FL

Zip

33065

Country

USA

Zip

33077-2321

Country

USA

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

04/29/2002

5. FEI Number

01-0706209

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SEE TO Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BENITEZ BOB

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

3529 SW 112 PLACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33165

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**

Bob Benitez

Date 03/01/2005

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
PSVT	HERNANDEZ, CARMEN	9937 W ATLANTIC BLVD	CORAL SPRINGS FL 33065
D	HERNANDEZ, CARMEN	9937 W ATLANTIC BLVD	CORAL SPRINGS FL 33065
			800048400808 03/15/05--01012--019 **1050.00
			<i>[Signature]</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 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]

CARMEN HERNANDEZ

03/01/2005

954-2270669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E041 (01/05)