

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 23 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000062931

1. Corporation Name

Impresiones Aereas U.S.A., Inc.

2. Principal Office Address

580 Village Boulevard

Suite, Apt. #, etc.

260

City & State

West Palm Beach, FL

Zip

33409

Country

USA

3. Mailing Office Address

580 Village Boulevard

Suite, Apt. #, etc.

260

City & State

West Palm Beach, FL

Zip

33409

Country

USA

300026192833

01/06/04--01026--006 **150.00

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

June 6, 2002

5. FEI Number

04-3687262

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

Charles Ryan Hickman

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

240 10th Street

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33401

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

Charles Ryan Hickman

Date

1/5/03

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
P	Guillermo Perez Vargas	580 Village Blvd. Suite 260	West Palm Beach, FL 33409
VP	Charles Ryan Hickman	240 10th Street	West Palm Beach, FL 33401
S/T	Jorge A. Zindel Mundet Cors	580 Village Blvd. Suite 260	West Palm Beach, FL 33409

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:

Charles Ryan Hickman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/5/03

Daytime Phone #

561 655 3000

CR2001 (10/02)

1/05/04 RETURN MAIL DETAIL SCREEN 2:56 PM
CORP NUMBER: P02000062931 CORP NAME: IMPRESIONES AEREAS U.S.A., INC.

2003

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ANNUAL REPORT FIRST NOTICE RETURNED BOX: 0019

03 DEC 23 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FOR FILING
PURPOSES ONLY**

1. MENU, 2. FILING, 4. EVENTS

ENTER SELECTION AND CR:

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