

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 30 AM 10:38

DOCUMENT # P02000071126

1. Corporation Name

AZTEC JET CENTER INC.

Principal Place of Business

Mailing Address

5601 NW 15 AVENUE
FORT LAUDERDALE FL 33309

5601 NW 15 AVENUE
FORT LAUDERDALE FL 33309



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable

1525 NW 56th ST

3. New Mailing Office Address, If Applicable

1525 NW 56th ST

4. Date Incorporated or Qualified
To Do Business in Florida

06/27/2002

Suite, Apt. #, etc.

Fort Lauderdale

Suite, Apt. #, etc.

Fort Lauderdale FL

City & State

Florida

City & State

Fort Lauderdale FL

Zip 33309 Country Broward Zip 33309 Country Broward

5. FEI Number

Applied

Not Applied

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee
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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
Pres.	Lynda Struck	1525 NW 56th ST Fort Lauderdale FL 33309	
VP	Rafael Zur	1525 NW 56th ST Fort Lauderdale FL 33309	

10/19/03 01024 0107750

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BROWN, WILLIAM J ESQ.
777 BRICKELL AVENUE
SUITE 1114
MIAMI FL 33131

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

W. Brown

REGISTERED AGENT MUST SIGN

Date

10/19/03

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 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 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 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

Lynda Struck

Date

10/19/03

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