

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P02000078317

1. Corporation Name

BOND AVIATION INC.

Principal Place of Business

P.O. BOX 403864
MIAMI BEACH FL 33140

Mailing Address

P.O. BOX 403864
MIAMI BEACH FL 33140

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

2. New Principal Office Address, If Applicable

1516 LAKE DRIVE

Suite, Apt. #, etc.

DEL RAY BEACH, FL

City & State

3. New Mailing Office Address, If Applicable

P.O. BOX 22631

Suite, Apt. #, etc.

FORT LAUDERDALE, FL

City & State

Zip
33444

Country
PALM BEACH

Zip
33335

Country
BROWARD

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

07/18/2002

5. FEI Number

30-0099646

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
P,VP	BOND, LARRY	P.O. BOX 403864 P.O. BOX 22631	MIAMI BEACH FL 33140 FORT LAUDERDALE, FL 33335

400024390874
11/03/03--01108--013 **150.00

8. Name and Address of Current Registered Agent

GOODBODY, MATTHEW
1881 WASHINGTON AVE. 12-E
12-E
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name LARRY BOND
Street Address P.O. Box Number is Not Acceptable
1881 WASHINGTON AVE #12E
Suite, Apt. #, Etc. M. BEACH, FL 33135
City M. BEACH State FL Zip Code 33135

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 10-27-03

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 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

10-27-03 954 655 2663

Date

Daytime Phone #

CR2E040 (7/03)

Bond Aviation

Safe On Time Delivery
Aircraft Ferrying/Crew Leasing

P.O. Box 403864
Miami Beach, FL 33140
Phone/Fax 888-707-JETS

Dear Sir,

Enclosed you will find our company's completed application for reinstatement and a check for \$150.00. We request that the reinstatement fee be waived because our corporation did not receive the two prior uniform business report (UBR).

Sincerely,



Larry Bond

