

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 21 AM 8:00

DOCUMENT # P02000098130

1. Corporation Name

MIAMI HELIPARTS OF FLORIDA INC.

7311 N.W. 12 STREET
7311 N.W. 12 STREET

2. Principal Office Address

7311 N.W. 12 STREET

3. Mailing Office Address

7311 N.W. 12 STREET

Suite, Apt. #, etc.

SUITE # 22

Suite, Apt. #, etc.

SUITE # 22

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33126

Country

USA

Zip

33126

Country

USA

REINSTATEMENT

03-04
MRD

4. Date Incorporated or Qualified
To Do Business in Florida

SEPTEMBER 9 - 2002 - -

5. FEI Number

650708184

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

CONRAD KULATZ ESQUIRE

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

633 S.E. THIRD AVENUE

Suite, Apt. #, Etc.

SUITE # 4R

City

FORT LAUDERDALE

State

FL

Zip Code

33301

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

REGISTERED AGENT MUST SIGN

Date 7-12-2004

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
D	FRANCISCO, TORRES	7311 N.W. 12 STREET SUITE # 22	MIAMI, FLORIDA 33126

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:

Francisco Alfonso Torres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 14/04

Date

3055921184

Daytime Phone #

CP25081 (01/04)