

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000119268

1. Corporation Name

CST Air Services, Inc.

2. Principal Office Address - No P.O. Box #

2800 Glades Circle

3. Mailing Office Address

2800 Glades Circle

Suite, Apt. #, etc.

Suite 157

Suite, Apt. #, etc.

Suite 157

City & State

Weston, FL

City & State

Weston, FL

Zip

33327

Country

USA

Zip

33327

Country

USA

7. Name and Address of Current Registered Agent

Name

Antonio Saavedra

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

2800 Glades Circle

Suite, Apt. #, Etc.

Suite 157

City

Weston

State

FL

Zip Code

33327

4. Date Incorporated or Qualified
To Do Business in Florida

11/6/2002

5. FEI Number

03-0495937

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

09/06/07

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	Antonio Saavedra	2800 Glades Circle, Ste. 157	Weston, FL 33327

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 contained in Chapter 119, 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

09/06/07

Daytime Phone #

FILED

07 SEP 10 PM 1:23

CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (1/07)