

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000025217

1. Entity Name
DAROS AVIATION CORP



Principal Place of Business

8660 SW 154 CIR PL
MIAMI, FL 33193

Mailing Address

8660 SW 154 CIR PL
MIAMI, FL 33193

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01282009

REIN-P

CR2E098 (1/07)

4. FEI Number

20-4353653

Applied For

Not Applicable

5. Certificate of Status Desired

A

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, DAVID
8660 SW 154 CIR PL
MIAMI, FL 33193

Name DAVID RODRIGUEZ
Street Address (P.O. Box Number is Not Acceptable)
13550 NW 107 AV
Suite D-4
City Hialeah Gardens FL Zip Code 33018

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

02/03/09

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME RODRIGUEZ, DAVID
STREET ADDRESS 8660 SW 154 CIR PL
CITY-ST-ZIP MIAMI, FL 33193

TITLE ☒ Change ☐ Addition
NAME 13550 NW 107 AV Suite D-4
STREET ADDRESS Hialeah Gardens, FL 33018
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 000143175980
STREET ADDRESS 02/09/09--01046--015 ***308.75
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/03/09 305 8077 863

FILED
09 FEB -9 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

