

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

11 JAN 27 PM 4:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P06000147372

1. Corporation Name

S.T.D AVIATION SERVICES, Inc.

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

6790 NW 186 ST.

Suite, Apt. #, etc.

#412

City & State

Hialeah, FL

Zip

33015

Country

U.S.A

3. Mailing Office Address

6790 NW 186 ST

Suite, Apt. #, etc.

#412

City & State

Hialeah, FL

Zip

33015

Country

U.S.A

900192673449

01/27/11--01035--002 \*\*200.00

900192673449

01/27/11--01035--001 \*\*1000.00

**REINSTATEMENT** 28-11  
To Do Business in Florida 11/27/2006

5. FEI Number

205968780

☐ 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

Pascual J. AGUERO

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

6790 NW 186 ST.

Suite, Apt. #, Etc.

#412

City

Hialeah

State

FL

Zip Code

33015

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 1/20/11

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
(CEO) (D)	Miguel AGUERO	9003 NW 117 <sup>th</sup> Terrace	Hialeah Gardens, FL 33018
(VO)	Pascual J. AGUERO	6790 NW 186 ST #412	Hialeah, FL 33015
(SO)	Nelfor Rodriguez	9003 NW 117 <sup>th</sup> Terrace	Hialeah Gardens, FL 33018

10. E-mail Address: std-aviationservices@hotmail.com

(To be used for future annual report notification)

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. I further certify, 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

1/20/11

Date

Daytime Phone #

1/22/11