
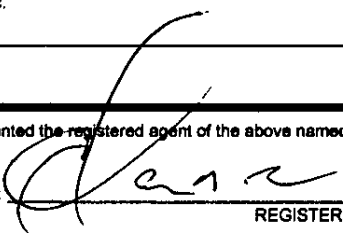


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA 11 OCT 20 PM 12:40	
DOCUMENT # P10000043836					
1. Corporation Name Sunset Aviation, Inc.					
2. Principal Office Address - No P.O. Box # 3517 NW 115th Avenue		3. Mailing Office Address 3517 NW 115th Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami, Florida		City & State Miami, Florida			
Zip 33178	Country U.S.	Zip 33178	Country U.S.		
7. Name and Address of Current Registered Agent		4. Date Incorporated or Qualified To Do Business in Florida 05/10/2010			
Name Alain R. Ruiz		5. FEI Number 90-0582699			
Street Address (P.O. Box Number is Not Acceptable) 3517 NW 115th Avenue		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
Suite, Apt. #, Etc.		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
City Miami		State FL			
Zip Code 33178		500213521875 10/20/11--01039--005 **150.00			
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 				Date 10/18/2011	
REGISTERED AGENT MUST SIGN					
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, VP	Perez, Georgina	3517 NW 115th Avenue		Miami, FL 33178	
				X 10/21	
10. E-mail Address: <u>Kimhabich@bellsouth.net</u> (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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.					
SIGNATURE: <u>Georgina Perez</u>		10/18/2011		786-280-4908	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	