


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**  
**2015-2017**



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
 17 APR 27 AM 9:50  
 SECRET OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P12000088794**

1. Corporation Name  
**AERO ESCAL INC.**

**000298503440**  
 04/27/17--01004--002 \*\*1050.00

2. Principal Office Address - No P.O. Box # <b>1390 BRICKELL AVENUE</b>		3. Mailing Office Address <b>1390 BRICKELL AVENUE</b>	
Suite, Apt. #, etc. <b>SUITE 200</b>		Suite, Apt. #, etc. <b>SUITE 200</b>	
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>	
Zip <b>33131</b>	Country <b>USA</b>	Zip <b>33131</b>	Country <b>USA</b>

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida  
**OCTOBER 19, 2012**

5. FEI Number <b>46-1255369</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
**OVERSEAS SOLUTIONS**

Street Address (P.O. Box Number is Not Acceptable)  
**1390 BRICKELL AVENUE**

Suite, Apt. #, Etc.  
**SUITE 200**

City  
**MIAMI**

State  
**FL**

Zip Code  
**33131**

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 *Nicole DeFence* Date 4/20/17  
 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
D	FEDERICO R. ESCALONA	1390 BRICKELL AVENUE SUITE 200	MIAMI FL 33131

10. E-mail Address: **NICOLE@OVERSEAS-SOLUTIONS.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., 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:** *Federico R. Escalona* Director Date 4/20/17 Daytime Phone # 305-311-5570

K. ASHTON