PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

97 OCT -8 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT 96-97

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P32707

1. Corporation Name
SOUTHEAST JETSALES INC.

Principal Place of Business / Mailing Address
5500 NW 21ST TERRACE
FT. LAUDERDALE, FL 33309

400002315994--6
-10/09/97--01061--008
****915.00 ****915.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
SAME AS ABOVE
Suite, Apt. #, etc.
City & State
Zip / Country

3. New Mailing Office Address, If Applicable
SAME AS ABOVE
Suite, Apt. #, etc.
City & State
Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida 1989

5. FEI Number 65-0168130 ☐ Applied For ☐ Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	ROGER B. LIMA	5570 NE 26TH AVE	FT LAUDERDALE, FL 33308
VP/D	IVAN DE SOUZA	545 Jefferson Drive # 111	Deerfield Beach, FL 33442

REINSTATEMENT 96-97

A. Alam 10/8/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: IVAN DE SOUZA, JR.
Street Address (P.O. Box Number is Not Acceptable): 545 Jefferson Dr.
Suite, Apt. #, Etc: 111
City: Deerfield Bch
State: FL
Zip Code: 33442

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN
Date: 10/7/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199 032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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], VP 10/7/97 954938998