

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P33391

1. Corporation Name

Aerovias Venezolanas S.A.

Mailing Address

Principal Place of Business

200 S. Biscayne Blvd.
41st Floor
Miami, FL 33131

200 S. Biscayne Blvd.
41st Floor
Miami, FL 33131

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

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified
To Do Business in Florida

04/02/91

5. FEI Number

65-0223633

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
C	Boulton, Andres	Av. Universidad Esq. El Chorro	Caracas, Venezuela
VE	Boulton, Alfredo	Av. Universidad Esq. El Chorro	Caracas, Venezuela
D	Dr. Hugo Perez Lasalvia	Av. Universidad Esq. El Chorro	Caracas, Venezuela
P	Boulton, Henry Lord	Av. Universidad Esq. El Chorro	Caracas, Venezuela
D	Sosa, Alberto	Av. Universidad Esq. El Chorro	Caracas, Venezuela

8. Name and Address of Current Registered Agent

Peninsula Registered Agents, Inc.
200 S. Biscayne Boulevard #4874
Miami, Florida 33131

9. Name and Address of New Registered Agent

Name
000002099940--5
Street Address (P.O. Box Number is Not Allowed)
04/02/91-01061-007
*****445.00 *****445.00
Suite, Apt. #, Etc.
City
State
FL
Zip Code

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 By: *Henry Lord Boulton, Vice President*
REGISTERED AGENT MUST SIGN

Date 2/25/97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of 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. 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:

Henry Lord Boulton, President 2/25/97 305/577 7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APPROVED

CR2304 (5-94)