

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL 20 AM 10:24

DOCUMENT # P33391

1. Corporation Name

AEROVIAS VENEZOLANAS, S.A.

2. Principal Office Address

4343 West Flagler Street

Suite, Apt. #, etc.

Suite 102

City & State

Miami, Florida

Zip

33134

Country

USA

3. Mailing Office Address

P.O. Box 520617

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33152
~~33134~~ X

Country

USA

REINSTATEMENT 99-01

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

04-02-91

5. FEI Number

650223633

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

JULIO LONGA

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

4343 West Flagler Street

Suite, Apt. #, Etc.

Suite 102

City

Miami

State
FL

Zip Code
33134

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

Julio Longa

REGISTERED AGENT MUST SIGN

Date

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
Interim Cmdr. President	Wilmar A. Castro Soteldo	Avenida Rio Caura Centro Empresarial Torre Humboldt, Ph 1	Caracas, Venezuela
President Operations	Cpt. Cesar Jara Soteldo	Urb. Parque Humboldt [same address as above]	Caracas, Venezuela

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julio Longa, Registered Agent, on behalf of Cmdte. Wilmar A. Castro Soteldo, Int. Pres

Date

Daytime Phone #

CR2E081 (9/00)