

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # *PA2000010362*

1. Corporation Name

KENBOURNE AVIATION SERVICES, INC.
5575 N.W. 36th Street
Miami, Florida. 33166

W98-21097

Principal Place of Business

Mailing Address

KENBOURNE AVIATION SERVICES, INC.
5575 N.W. 36th Street
Miami, Florida. 33166

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

2. New Principal Office Address, If Applicable

5575 N.W. 36th St.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

5575 N.W. 36th St.

Suite, Apt. #, etc.

City & State

Miami, Florida.

City & State

Miami, Florida.

Zip

33166

Country

Dade

Zip

33166

Country

Dade

4. Date Incorporated or Qualified To Do Business in Florida

12-07-92

5. FEI Number

65-0366998

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT *96-98*

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres	Mr. Eduardo Sarmiento	5575 N.W. 36th Street	Miami, Florida. 33166
Sec	Ms. Sandy May	5575 N.W. 36th Street	Miami, Florida. 33166

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-10/08/98--01013--018
***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

Mr. Doug Rice CPA
4225 Ponce de Leon Blvd
Coral Gables, Florida. 33146

9. Name and Address of New Registered Agent

Name

Ms. Sandy May

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

5575 N.W. 36th Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33166

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

9/29/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eduardo Sarmiento

Date

Daytime Phone #

CR2E040 (1/98)