

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR *an*
REINSTATEMENT



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

APPROVED
AND
FILED

1997 DEC 18 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000020133

1. Corporation Name

JETSTREAM AIRCRAFT SALES, INC.

Principal Place of Business

1900 Glades Road
Suite 353
Boca Raton, FL 33431

Mailing Address

7855 NW 39 Street
Suite 158
Miami, FL 33122

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

1900 Glades Road
Suite, Apt. #, etc.

Suite 353
City & State

Boca Raton, FL

Zip
33431

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/17/93

5. FEI Number

65-0389331

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)

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
P/D	Tom McAdam	3149 Millwood Terrace, Apt M219	Boca Raton, FL 33431
V/D	Jose F. Rivas	7855 NW 29th St., Unit 158	Miami, FL 33122

400002383934--3
-12/29/97--01003--003
****750.00 ****750.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

Jose F. Rivas
7855 NW 29th Street
Unit 158
Miami, FL 33122

9. Name and Address of New Registered Agent

Name

400002383934--3

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

1900 Glades Road

Suite, Apt. #, Etc.

Suite 353

City

Boca Raton

State

FL

Zip Code

33431

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

Date X 12/17/97

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: X

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE President

Date

Daytime Phone #

X 12/17/97 (561) 368-8250