

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR 95-91  
REINSTATEMENT



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

APPROVED  
AND  
FILED

97 APR 21 AM 9:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000066286

1. Corporation Name

Southeast Cargo Airlines, Inc.

Principal Place of Business

Mailing Address

2480 Bay Isle Drive  
FT. Lauderdale, FL 33327

Same

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

9/23/93

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

650438056

Not Applicable

Zip

Country

Zip

Country

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/P/D	MAURICE MONISSETTE	2480 Bay Isle Drive	FT. Lauderdale, FL 33327
V/O	Richard Draina	2480 Bay Isle Drive	FT. Lauderdale, FL 33327
V/O	Vicki Herrera	2480 Bay Isle Drive	FT. Lauderdale FL 33327
D	Nigel Minin	2480 Bay Isle Drive	FT Lauderdale, FL 33327

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REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

G. Alan

~~MAURICE MONISSETTE~~  
~~2480 Bay Isle Drive~~  
~~FT. Lauderdale, FL 33327~~

Name

MAURICE MONISSETTE

4/21/97

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

2480 Bay Isle Drive

Suite, Apt. #, Etc.

City

FT. Lauderdale

State

FL

Zip Code

33327

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

REGISTERED AGENT MUST SIGN

Date 4/5/97

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAURICE MONISSETTE

(954) 389-1016  
4/5/97 (954) 584-4610  
Date Daytime Phone #

CR2E040 (1/2/96)