

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 20 AM 9:52

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000015567

1. Corporation Name

AIR ASSIST INTERNATIONAL INC.

Principal Place of Business

Mailing Address

~~2006 TIGER TAIL AVE~~
~~CUTE 212~~
~~MIAMI FL 33132~~

P.O. BOX 330525
MIAMI FL 33233

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

02/25/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0465549

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

33324

USA

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	City / State / Zip
1	2	3	4
PS	KEISTER, MICHAEL	3030 GW 28TH ST. 8201 PETERS ROAD #1000 PLANTATION, FL 33324	MIAMI FL 33203

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALEXANDER, GARY CPA
8201 PETERS ROAD, STE. 1000
PLANTATION FL 33324

Name

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

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

5/17/03

11. 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]
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/26/03

Daytime Phone #

954-916-2737

CR2E040 (8/02)