PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 JUN -2 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000046670

1. Corporation Name

ACME AIR OF SOUTH FLORIDA, INC.

2. Principal Office Address		**3.** Mailing Office Address	
225 SW 33rd Street		225 SW 33rd Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Fort Lauderdale, FL		Fort Lauderdale, FL	
Zip	Country	Zip	Country
33315	USA	33315	USA

4. Date Incorporated or Qualified To Do Business in Florida 6/22/94

5. FEI Number 65-0523878 ☐ 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: Arthur R. Yarosh

200055989152
06/10/05--01002--013 **300.00

Street Address (P.O. Box Number is Not Acceptable): 225 SW 33rd Street

Suite, Apt. #, Etc.:

City: Fort Lauderdale | State: FL | Zip Code: 33315

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: Arthur R Yarosh — Date: 5/10/05

REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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
DP	Arthur R. Yarosh	225 SW 33 Street	Ft. Lauderdale, FL 33315
DVP	Joseph V. Clawges, III	1719 SE 13 Street	Ft. Lauderdale, FL 33316

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: Arthur R Yarosh — 5/10/05 — 954-523-2796

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Arthur R. Yarosh, President — Date — Daytime Phone #