PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
96 DEC 27 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000077907

1. Corporation Name

POLAN AIR, INC.

Principal Place of Business	Mailing Address
2460 N.W. 66TH AVE. BLDG. 701 MIAMI FL 33122	P.O. BOX 661407 MIAMI SPRINGS FL 33266-1407

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: 10/24/1994

5. FEI Number: APPLIED FOR ☐ 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)

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
PD	POLANCO, JAIME	~~9723 N.W. 49TH TERR.~~ 9759 NW 30 Street	~~MIAMI FL 33178~~ Miami Fl 33172
TD	POLANCO, RAYMUNDO	~~4872 N.W. 97TH CT.~~ 9777 NW 29 Terrace	~~MIAMI FL 33178~~ Miami, Fl. 33172
		REINSTATEMENT	
			300002049103--8 -01/07/97--01144--013 ****575.00 ****575.00

8. Name and Address of Current Registered Agent

POLANCO, RAYMUNDO
~~4872 N.W. 97TH CT.~~ 9777 NW 29 Terrace
~~MIAMI FL 33178~~ Miami Fl 33172

9. Name and Address of New Registered Agent

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.

Signature of Registered Agent: SIGNATURE REQUIRED Raymundo Polanco
REGISTERED AGENT MUST SIGN
Date: Nov. 19/96

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 REQUIRED Jaime Polanco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Nov. 19/96
Daytime Phone #: (305) 891-1101

CR2E040 (7/96)

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