

THIS FORM
ACCEPTED
AND
FILED

FRANKLIN D. SWAN



DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

American R.C. Air Inc.

Mailing Address

9480 Southwest 110 Terrace
Miami FL 33176

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

DO NOT WRITE IN THIS SPACE

3. New Mailing Address, If Applicable

1931 Lyons Rd.
Suite, Apt. #, etc. 203

9480 South W. 110 Terrace
Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 303
City & State FL

City & State LA 71

Miami FL

Miami FL

Zip 33063 Country USA

Zip	33176	Country	USA
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4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

Applied For

65-0548804

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
PST D	Carvalho Roberto A.	1931 Lions Road Suite 303	Coconut Creek FL 33063
			500002528575--5 -05/19/98--01032--010 ***150.00 ****150.00
			A. Alan 5/12/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Carvalho Roberto A
1931 Lions Road Suite 303
Coconut Creek FL 33063

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

Date _____

HE GISTERED AGENT MUST SIGN

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

CH2E040 (12/95)