

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 16 AM 11:49

DOCUMENT # P95000013320

1. Corporation Name

RENOVARE AVIATION, INC.

Principal Place of Business

Mailing Address

9000 NW 15TH ST  
MIAMI FL 33172  
US

9000 NW 15TH ST  
MIAMI FL 33172  
US



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

REINSTATEMENT 00

5. FEI Number

65-0560271

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

02/15/1995

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BAKER, JOHN F	2944 OAK PARK CIRCLE	DAVIE FL 33328
D	BAKER, MARGERY M	2944 OAK PARK CIRCLE	DAVIE FL 33328
D	SMITH, DARLENE C	10065 NW 54 TERRACE	MIAMI FL 33178

900003433809--6

10/20/00 01070 000

\*\*\*\*750.00 \*\*\*\*750.00

10/10/19

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BAKER, JOHN F  
2944 OAK PARK CIRCLE  
DAVIE FL 33320

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

REGISTERED AGENT MUST SIGN

Date

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DARLENE SMITH

Date

10/12/00

Daytime Phone #

305-592-0646

CR2E040 (8/00)