

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

APPLICATION FOR REINSTATEMENT



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

FILED

99 FEB 16 PM 4: 27

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P95000025387**

1. Corporation Name

AEROVENEZUELA CARGO SERVICES, INC.

Principal Place of Business

8215 N.W. 64TH STREET # 2
 MIAMI FL 33166

Mailing Address

8215 N.W. 64TH STREET
 MIAMI FL 33166

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

03/30/1995

5. FEI Number

65-0573443

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
D	ROJAS, MILDRED	8215 N.W. 64TH STREET	MIAMI FL 33166
			800002778518--9 -02/17/99--01075--036 ****150.00 ****150.00
			800002778518--9 -02/17/99--01075--037 ****750.00 ****750.00

REINSTATEMENT

Handwritten notes and signatures:
 2/16/99
 [Signature]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROJAS, MILDRED
 8215 N.W. 64TH STREET # 2
 MIAMI FL 33166

Name

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

8215 N.W. 64TH STREET

Suite, Apt. #, Etc.

2

City

MIAMI

800002778518--9

-02/17/99--01075--038

*****8.25 *****8.25

FL 33166

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

See attached page for RA Signature only

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-08-99

Date

305-6393431

Daytime Phone #

CR2040 (9/98)

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APPLICATION FOR REINSTATEMENT



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Sandra B. Mortham
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DOCUMENT # **P95000025387**

1. Corporation Name
AEROVENEZUELA CARGO SERVICES, INC.

Principal Place of Business	Mailing Address
8215 N.W. 64TH STREET MIAMI FL 33166	8215 N.W. 64TH STREET MIAMI FL 33166



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/30/1995	
City & State		City & State		5. FEI Number	
Zip		Country		65-0573443	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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
D	ROJAS, MILDRED	8215 N.W. 64TH STREET	MIAMI FL 33166

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ROJAS, MILDRED 8215 N.W. 64TH STREET MIAMI FL 33166		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
		FL	

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 *Mildred Rojas* Date _____
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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)(f), 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: *Mildred Rojas* Date: 10-08-99 Daytime Phone #: 305-6393431
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR