

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

97 MAY -2 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000026252**

1. Corporation Name

CONCORD AVIATION, INC.

Principal Place of Business

10865 SW 40TH TER
MIAMI FL 33165

Mailing Address

10865 SW 40TH TER
MIAMI FL 33165



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

REINSTATEMENT *96-97*

2. New Principal Office Address, If Applicable

7800 A N.W. 62 ST.

Suite, Apt. #, etc.

City & State

Miami, FL.

Zip

33166

Country

3. New Mailing Office Address, If Applicable

P.O. Box 592846

Suite, Apt. #, etc.

City & State

**Miami Int'l. Airport
Mail center, FL.**

Zip

33159-2846

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

04/03/1995

5. FEI Number

65-0650292

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
DPS	ZAMORA, HUMBERTO	10865 SW 40TH TER	MIAMI FL 33165
DVT	COLON, IVAN	19740 NW 54TH PL	MIAMI FL 33055
			200002176842--7 -05/13/97--01074--013 ****915.00 ****915.00

8. Name and Address of Current Registered Agent

ZAMORA, HUMBERTO
10865 SW 40TH TER
MIAMI FL 33165

9. Name and Address of New Registered Agent

Name

Ivan R. Colon

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

7800 A. N.W. 62 ST.

Suite, Apt. #, Etc.

Miami, FL.

City

Miami

State

FL

Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/30/97

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)(l), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97

Date

(305) 591-2390

Daytime Phone #