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 31 AM 7:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000061289

1. Corporation Name

SKY MART AVIATION CORP.

Principal Place of Business	Mailing Address
1100 PONCE DE LEON BLVD. CORAL GABLES FL 33134	1100 PONCE DE LEON BLVD. CORAL GABLES FL 33134

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

REINSTATEMENT 996 mlw 1-6-97

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
1790 N.W. 96 Ave.	1790 N.W. 96 Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33172 Country:	Zip: 33172 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 09/08/1995

5. FEI Number: XX Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $37.5 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	ROBBIN, GREGORY	1005 MARINER DR.	KEY BISCAYNE FL 33149
D	ROBBIN, LUCY	1005 MARINER DR.	KEY BISCAYNE FL 33149
D	ROBBIN, JUAN G	1005 MARINER DR.	KEY BISCAYNE FL 33149
D	ROBBIN, ANA M	1005 MARINER DR.	KEY BISCAYNE FL 33149

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****375.00 ****375.00

8. Name and Address of Current Registered Agent

HELLMAN, MAYNARD J
1100 PONCE DE LEON BLVD.
CORAL GABLES FL

9. Name and Address of New Registered Agent

Name: A. Rosemary Sala
Street Address (P.O. Box Number is Not Acceptable): 328 Crandon Blvd., Suite 202
Suite, Apt. #, Etc.: Suite 202
City: Key Biscayne, State: FL Zip Code: 33149

CR2E040 (7/96)

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: 10/18/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes XX ☐ 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 — Gregory Robbin, Director — 10/18/96 — (305) 361-0105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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