

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 APR -6 PM 1:36

DOCUMENT # P95000066880

1. Corporation Name

AIRLINE MARKETING CONSULTANTS, INC.

2. Principal Office Address

18459 Pines Blvd.

Suite, Apt. #, etc.

#290

City & State

Pembroke Pines

Zip

33029

Country

USA

3. Mailing Office Address

18459 Pines Blvd.

Suite, Apt. #, etc.

#290

City & State

Pembroke Pines

Zip

33029

Country

USA

REINSTATEMENT 99-01

4. Date Incorporated or Qualified
To Do Business in Florida

8-29-95

5. FEI Number

65-0037910

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ANDREW COHEN, ESQ.

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

18459 Pines Blvd.

Suite, Apt. #, Etc.

#290

City

Pembroke Pines

000003936430-9

-04/13/01--01026--019

***1058.75 ***1058.75

State
FL

Zip Code

33029

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date 4/5/01

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VP	ANDREW COHEN	18459 Pines Blvd. #290	Pembroke Pines, FL 33029

10. 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:

4/5/01 954-450-6422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #