

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JAN 20 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000081183

1. Corporation Name

LONESTAR AVIATION, INC.

2. Principal Office Address

20797 CIPRES WAY

3. Mailing Office Address

20797 CIPRES WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FLORIDA

City & State

BOCA RATON, FLORIDA

Zip

33433

Country

USA

Zip

33433

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/95

5. FEI Number

65-0619247

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ ~~REINSTATEMENT~~

REINSTATEMENT

7-18

7. Name and Address of Current Registered Agent

Name

ROBIN, FRANK JR.

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

20797 CIPRES WAY

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33433

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*****1200.00 ***1200.00**

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

REGISTERED AGENT MUST SIGN

Date **1-19-00**

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
D/P	ROBIN, FRANK JR.	20797 CIPRES WAY	BOCA RATON, FL 33433
D/V	ROBIN, TAMMY TEXAS	20797 CIPRESSWAY	BOCA RATON, FL 33433

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:

FRANK ROBIN, JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-19-00

Daytime Phone #

KE