

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine S. ...
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC -1 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000087995

1. Corporation Name

AARONS AVIATION AND IMAGING INC.

Principal Place of Business

125 NW 45 AVE
PLANTATION FL 33317
US

Mailing Address

125 NW 45 AVE
PLANTATION FL 33317

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

11/16/1995

5. FEI Number

65-0623497

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	4. City / State / Zip
D	AARON, TERRANCE	125 NW 45 AVE	PLANTATION FL 33317
D	AARON, RUTH K	125 NW 45 AVE	PLANTATION FL 33317

600003070656--2
-12/15/99--01025--006
****150.00 ****150.00

8. Name and Address of Current Registered Agent

AARON, TERRANCE
125 NW 45 AVE
PLANTATION FL 33317

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

10/20/99

11. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/99

Date

(954) 584-6254

Daytime Phone #

KE

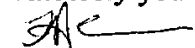
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Aaron's Aviation & Imaging
125 N.W 45th Ave Plantation
Florida 33317

Florida Dep't Of State
Div of Corp
P.O Box 6327
Tallahassee, FL 32314

To Whom it may concern,
Throughout the year I have been away on contract, I have not received our
previous notices .I apologize and regret any inconvenience that may have
been caused. Enclosed is my fee.Thanks for your understanding.

Sincerely yours



Terrance Aaron
President.