PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION RE[illegible] 2000 UBE

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUL 19 AM 9:53

DOCUMENT # P95000091873(6)

1. Corporation Name

I.A.S INTERNATIONAL AIR SYSTEM INC.

2. Principal Office Address	3. Mailing Office Address
Suite, Apt. #, etc. 7525 S.W.153 Rd. PLACE 205	Suite, Apt. #, etc. SAME
City & State MIAMI, FL	City & State SAME
Zip 33193 Country U.S.A.	Zip SAME Country SAME

06-06-00 90010 017 $150.00

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number 65-0647220 ☐ 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: SILVIA RAQUEL HERNANDEZ

Street Address (P.O. Box Number is Not Acceptable): 7525 S.W. 153 RD. PLACE

Suite, Apt. #, Etc.: #205

City: MIAMI State: FL Zip Code: 33193

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: Silvia Hernandez
REGISTERED AGENT MUST SIGN

Date: 07-14-00

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
P	rigoberto torres DELETE	1820 VENICE PARK DRIVE	NORTH MIAMI F 33181
P	SILVIA R. HERNANDEZ	7525 S.W.153 RD PLACE	MIAMI, FL 33193
V.P.	EDUARDO TOJEIRO	7525 S.W. 153 RD PLACE	MIAMI, FL 33193

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: X Rigoberto Torres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-14-00 Date

305 267 589[illegible] Daytime Phone #