	PLFASF	READ ALL INST	TRUCTIONS	BEFORE (OMPLET	ING THIS FOR	м	
APPLICATION FOR REJISTATEMENT PLEASE READ ALL INSTRUCTIONS BEFORE FOR DEPARTMENT OF STREET O					FILED			
		9600000603	MSION OF CORPO	RAT NS	99 JUN 30 PM 1: 30			
1. Corporation Name					STICKETARY OF STATE TALLAMASSEE, FLORIDA			
GLOBAL AVIATION SERVICES, INC.								
5099 N.W.	Place of Business 50TH COURT CREEK FL 33073	5099 N.W. 50	Mailing Address 5099 N.W. 50TH COURT COCONUT CREEK FL 33073					
			ough incorrect information and enter correction below.			REINSTATEMENT 98-97		
2. New Pr	incipal Office Address, If Appli	cable 3. New Mail	New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 01/19/1996		
Suite, Apt.		City & State	Suite, Apt. #, etc. City & State		5. FEI Number Applied For Not Applied Box Not Applied For Not Applicable			
Zip	Country	Zip	Country	<i>'</i>	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
7. Names Title(s)	and Street Addresses of Each Name of and/or D	Officers	Stre	tions must list at lea eet Address of Each icer and/or Director Post Office Box No	· · · · · · · · · · · · · · · · · · ·	City	/ State / Zip	
PD			5099 N.W. 50TH COURT			COCONUT CREEK FL 33073		
						0000292 -07/09/99 ****900.	01086001	
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent Name			
NAME RRINGE					(P.O. Box Number is Not Acceptable)			
	NUT CREEK FL 33073			Suite, Apt. #, Etc.				
City 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept					State Zip Code FL			
Signature of Registered		Mail	SENT MUST SIGN	or and accept the de		Date Ane	98 <u>, 1999</u>	
	is corporation ow angible Personal			Yes 🗌	No 🏻		side for information ntangible tax.)	
this rein owed by	that I am an officer or director statement application, the rea y the corporation have been p application is true and accurate	son for dissolution has been aid and the names of individ	eliminated, the corpor luals listed on this form	rate name satisfies to do not qualify for a	the requirements on exemption und	of section 607.0401 or 61	7.0401, F.S., that all fees	
SIGNA	TURE: Brane SIGNATURE AND T	YPED OR PRINTED NAME OF	SIGNING OFFICER OR D	DIRECTOR	- J	Date 28	1999 Daytumi Phone #	