

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 OCT 15 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000011601

1. Corporation Name

AEROTIM FREIGHT FORWARDING AIRLINES INC.

Principal Place of Business

Mailing Address

~~781 NE 162nd Street
North Miami, FL 33162~~

~~781 NE 162nd Street
North Miami, FL 33162~~

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

2. New Principal Office Address, If Applicable

781 NE 162nd Street

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

781 NE 162nd Street

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

2/6/1996

5. FEI Number

65-0644037

Applied For

Not Applicable

City & State

North Miami, FL

City & State

North Miami, FL

Zip

33162

Country

USA

Zip

33162

Country

USA

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	TIMOTEO CABRERA	781 NE 162nd Street	North Miami, FL 33162
Secretary			
Treasurer			

900002667999--4
-10/20/98--01050--005
***\$900.00 ***\$900.00

REINSTATEMENT 97-98

SL 10-15-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

TIMOTEO CABRERA

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

781 NE 162nd Street

Suite, Apt. #, Etc.

City

North Miami

State

Zip Code

FL

33162

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

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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

Date

Daytime Phone #

CR2040 (12/96)