

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

DEC -4 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

8012-5-07



REINSTATEMENT

<b>DOCUMENT # P96000011626</b> 1. Entity Name <b>PASCO INTERNATIONAL AVIATION CORPORATION</b>					
Principal Place of Business <b>18181 NE 31 COURT SUITE 1210 AVENTURA, FL 33160</b>			Mailing Address <b>18181 NE 31 COURT SUITE 1210 AVENTURA, FL 33160</b>		
2. Principal Place of Business - No P.O. Box # <b>3340 N.E. 190th street</b>		3. Mailing Address <b>3340 N.E. 190th street</b>			
Suite, Apt. #, etc. <b>APT. # 1808</b>		Suite, Apt. #, etc. <b>APT. # 1808</b>			
City & State <b>AVENTURA, FL</b>		City & State <b>AVENTURA, FL</b>			
Zip <b>33180</b>	Country <b>USA</b>	Zip <b>33180</b>	Country <b>USA</b>	4. FEI Number <b>65-0651076</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>BENI, ALLEN 18181 NE 31 COURT SUITE 1210 AVENTURA, FL 33160</b>			7. Name and Address of New Registered Agent Name <b>ALLEN BENI</b> Street Address (P.O. Box Number is Not Acceptable) <b>3340 N.E. 190th street</b> <b>APT. # 1808</b> City <b>AVENTURA</b> <b>FL</b> Zip Code <b>33180</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <b>ALLEN BENI CHAIRMAN</b> <b>11/28/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2008, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>C</b> NAME <b>BENI, ALLEN</b> STREET ADDRESS <b>18181 NE 31 COURT STE 1210</b> CITY - ST - ZIP <b>AVENTURA, FL 33160</b>	<input type="checkbox"/> Delete		TITLE <b>C</b> NAME <b>ALLEN BENI</b> STREET ADDRESS <b>3340 N.E. 190th street APT. # 1808</b> CITY - ST - ZIP <b>AVENTURA, FL 33180</b>	Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP 	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP 	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP 	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP 	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP 	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <b>ALLEN BENI C</b> <b>11/28/07</b> <b>305-650-8894</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					