

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
97 FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000036732

1. Corporation Name
AIR FIRST CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV -3 AM 10: 22

11/5

Principal Place of Business
C/O JOAO L. CARVALHO
4851 NORTH WEST 79TH AVENUE, SUITE 10
MIAMI FL 33186

Mailing Address
C/O JOAO L. CARVALHO
4851 NORTH WEST 79TH AVENUE, SUITE 10
MIAMI FL 33186



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

2. New Principal Office Address, If Applicable 4851 N.W. 79th AVE. Suite, Apt. #, etc. # 10 City & State MIAMI, FL Zip 33166 Country USA		3. New Mailing Office Address, If Applicable 4851 N.W. 79th AVE. Suite, Apt. #, etc. # 10 City & State MIAMI, FL Zip 33166 Country USA		4. Date Incorporated or Qualified To Do Business in Florida 04/29/1996	
				5. FEI Number 65-0662648	
				Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PSD	DE CARVALHO, JOAO L	19801 E COUNTRY CLUB DR #302	AVENTURA FL 33180
PSD	DE CARVALHO, JOAO L	19877 E COUNTRY CLUB DR. APT # 407	AVENTURA FL 33180
			400002339614--2 -11/05/97--01112--021 ****758.75 ****758.75

8. Name and Address of Current Registered Agent DE CARVALHO, JOAO L 19801 E COUNTRY CLUB DR #302 AVENTURA FL 33180		9. Name and Address of New Registered Agent Name JOAO L. DE CARVALHO Street Address (P.O. Box Number is Not Acceptable) 19877 E. COUNTRY CLUB DR Suite, Apt. #, Etc. # 407 City AVENTURA, State FL Zip Code 33180	
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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 Date OCT/29th/97.

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: OCT/29th/97. (305) 499.9129.

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPCE040 (8/97)