

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P97000067725

1. Corporation Name

AIRCRAFT MANAGEMENT, INC.

Principal Place of Business

Mailing Address

14532 S.W. 129TH ST  
SUITE 5  
MIAMI FL 33186

14532 S.W. 129TH ST  
SUITE 5  
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

3. New Mailing Office Address, if Applicable

14739 SW 128 ST.  
Suite, Apt. #, etc.

115 NW 32 CT.  
Suite, Apt. #, etc.

City & State  
Miami FL

City & State  
Miami FL

Zip  
33186

Country  
USA

Zip  
33125

Country  
USA

FILED  
98 NOV 23 PM 3:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 98

4. Date Incorporated or Qualified  
To Do Business in Florida

08/05/1997

5. FEI Number

650772324

Applied For

Not Applicable

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
PSD	GUTHERY, ALVIN R JR	12921 S.W. 117TH ST	MIAMI FL 33186
VTD	BILLBERRY, JAMES R	115 N.W. 32ND COURT	MIAMI FL 33125

500002706365--5  
-12/09/98--01001--008  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BILLBERRY, JAMES R  
115 N.W. 32ND COURT  
MIAMI FL 33125

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/19/98

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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/19/98 305 234-7788

CR2ED40 (9/98)