

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

MOVED  
AND  
FILED

98 DEC 30 PM 5:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**APPLICATION FOR REINSTATEMENT**

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

**DOCUMENT # P97000089847**

1. Corporation Name  
**PLATINUM AVIATION, INC.**

Principal Place of Business      Mailing Address

**2810 SW 2ND AVE  
FORT LAUDERDALE FL 33315**      **2810 SW 2ND AVE  
FORT LAUDERDALE FL 33315**



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

2. New Principal Office Address, If Applicable  
**999 Eller Drive**  
Suite, Apt. #, etc. **B-5**  
City & State **Ft. Lauderdale, FL**  
Zip **33316** Country **USA**

3. New Mailing Office Address, If Applicable  
**P.O. Box 350521**  
Suite, Apt. #, etc.  
City & State **Ft. Lauderdale, FL**  
Zip **33335** Country **USA**

**REINSTATEMENT** **98**

4. Date Incorporated or Qualified To Do Business in Florida  
**10/17/1997**

5. FEI Number  
**65-0794661**

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	Jerry L. Ferguson	161 NW 130th Street	Plantation, FL 33325

8. Name and Address of Current Registered Agent  
**FERGUSON, JERRY L  
2810 SW 2ND AVENUE  
FORT LAUDERDALE FL 33315**

9. Name and Address of New Registered Agent  
Name **Ferguson, Jerry L**  
Street Address (P.O. Box Number is Not Acceptable) **161 NW 130th Street**  
Suite, Apt. #, Etc.  
City **Plantation** State **FL** Zip Code **33325**

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]** **SIGNATURE REQUIRED** Date \_\_\_\_\_  
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:** **[Signature]** **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E040 (9/98)