

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 APR 19 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000093328**

1. Corporation Name

AIR FACILITY WHOLESALE, INC.

2. Principal Office Address

7227 NW 32nd St

Suite, Apt. #, etc.

City & State

miami, FL

Zip

33122

Country

USA

3. Mailing Office Address

P.O. Box 526426

Suite, Apt. #, etc.

City & State

miami, FL

Zip

33152

Country

USA

REINSTATEMENT

9800

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/30/97

5. FEI Number

65-0791116

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent.

Name

FRANCISCO JAVIER PAVON

700003222537

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

9725 NW 52nd Street

-04/25/00--01029--009

*****1050.00 ***1050.00**

Suite, Apt. #, Etc.

Apt # 505

City

miami

State

FL

Zip Code

33178

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.,

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

4/18/00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Francisco J. Pavon	9725 NW 52nd St #505	miami, FL 33178
S	Gustavo A. Denis	7227 NW 32nd St	miami, FL 33122
T	Alfred Pappi	7227 NW 32nd St	miami, FL 33122

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANCISCO J. PAVON

Date

4/18/00

Daytime Phone #

305-418-2035