

**CORPORATION  
REINSTATEMENT**



FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**1. Corporation Name**

# Revilo Aerospace Corp.

W07-27763

**2. Principal Office Address - No P.O. Box #**

**12900 GRIFFING BLVD.**

### 3. Mailing Office Address

**12900 GRIFFING BLVD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**MIAMI**

City & State  
**MIAMI**

Zip  
33161

Country  
USA

Zip  
**33161**

Country  
USA

**REINSTATEMENT** 02-07  
CR2E081 (1/07)

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

12/10/1997

5. FEL Number  
65-0803908

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 **EMMANUEL NWANKWO**

Street Address (P.O. Box Number is Not Acceptable)  
12900 GRIFFING BLVD.

**Suite, Apt. #, Etc.**

MIAMI

**State**  
**El**

**33161** Zip Code

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**

Date \_\_\_\_\_

**REGISTERED AGENT MUST SIGN**

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
D/P	OLIVER EBERENDU	12900-GRIFFING BLVD.	MIAMI, FL 33161
V	EMMANUEL NWANKWO	12900 GRIFFING BLVD.	MIAMI, FL 33161
			700104225027 06/11/07--01048--019 **608.75
			800104765808 06/22/07--01064--004 **300.00

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 contained in Chapter 119, 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

Dr. [REDACTED]

Daytime Phone # \_\_\_\_\_

D. Mitchell JUN 19 2007