

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP 14 AM 8:00

DOCUMENT # 997000105589

1. Corporation Name
HERMAN'S AVIATION CORPORATION

2. Principal Office Address
1228 W 80 ST

Suite, Apt. #, etc.

3. Mailing Office Address
1228 W 80 ST

Suite, Apt. #, etc.

City & State
Hiialeah, FL

Zip Country
33014 DADE

City & State
Hiialeah, FL

Zip Country
33014 DADE

REINSTATEMENT 98-04
MRS

4. Date Incorporated or Qualified To Do Business in Florida 12.15.1997

5. FEI Number 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
HERNAN ORGANVIDEZ

Street Address (P.O. Box Number is Not Acceptable)
1228 W 80 ST

Suite, Apt. #, Etc.

City
Hiialeah,

State Zip Code
FL 33014

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 Herman Organvidez

Date 9.9.04

REGISTERED AGENT MUST SIGN

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	Hernan Organvidez	1228 W 80 ST	Hiialeah, FL 33014
V	Hernan Organvidez JR	"	"
D	Rita Maite Organvidez	"	"

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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: Herman Organvidez HERNAN ORGANVIDEZ 9.9.04 305.558.9534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)