

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 DEC 26 PM 3:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P97000105589**

1. Entity Name  
**HERMAN'S AVIATION CORPORATION**



Principal Place of Business  
3881 NW 125TH ST  
OPA LOCKA, FL 33054

Mailing Address  
1228 WEST 80TH STREET  
HIALEAH, FL 33014



**REINSTATEMENT** (11/05) *LO*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**APPLIED FOR 65-0250444**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ORGANVIDEZ, HERNAN**  
1228 WEST 80TH STREET  
HIALEAH, FL 33014

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **HERNAN ORGANVIDEZ -PRESIDENT**

Signature, typed or printed name of registered agent and title if applicable.

*Hernan Organvidez*  
(NOTE: Registered Agent signature required when reinstating)

**12-6-06**

DATE

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2007, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ORGANVIDEZ, HERNAN</b> 1228 WEST 80TH STREET HIALEAH, FL 33014	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>ORGANVIDEZ, JR, HERNAN</b> 1228 W 80 ST HIALEAH, FL 33014	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ORGANVIDEZ, RITA MAITE</b> 1228 W 80 ST HIALEAH, FL 33014	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>500082443655</b> <b>12/11/06--01059--018 **750.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Hernan Organvidez*

**HERNAN ORGANVIDEZ**

**PRESIDENT**

**12-6-06**

**305 558-9534**

Date

Daytime Phone #

K. Eckel DEC 26 2006