

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 15 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000001721**

1. Corporation Name

Aerolink International, Inc.

REINSTATEMENT

2. Principal Office Address

13305 S.W. 124 St.

3. Mailing Office Address

13305 S.W. 124 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

Country

33186

Zip

Country

33186

4. Date Incorporated or Qualified
To Do Business in Florida

Jan. 98'

5. FEI Number

65-0804925

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

Ameri-Lawyer

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

1840 Coral Way

Suite, Apt. #, Etc.

4th Floor

City

Coral Gables

State

FL

Zip Code

33145

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.

Spiegel & Utrera, P.A.

Signature of
Registered Agent

By:

Natalia Utrera

Date **12/5/2003**

REGISTERED AGENT MUST SIGN **Vice President**

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
Pres.	Amparo Restrepo	15311 S.W. 139 St.	Miami FL 33196

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

12-5-03

Date

305-969-8740

Daytime Phone #

CR2E081 (10/02)