

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 NOV 15 PM 4:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000004116

1. Corporation Name

ATLANTIC COAST AERO, INC,

Principal Place of Business

Mailing Address

3710 NW 88TH AVENUE  
#221  
SUNRISE FL 33351

3710 NW 88TH AVENUE  
#221  
SUNRISE FL 33351



5/07/99 90137/023 \$150.00

If any of the classes are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

01/14/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

X FEI Number

Applied For

City & State

City & State

65-0818183

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	IOIA, DANA K	2131 NW 82ND WAY	SUNRISE FL 33322
D	IOIA, JASON	3710 NW 88TH AVE #221	SUNRISE FL 33351

500003061695--2  
-12/06/99--01095--010  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KRAUT, MINDY R  
1888-A NORTH UNIVERSITY DRIVE  
PLANTATION FL 33322

Name \_\_\_\_\_

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

Suite, Apt. #, Etc. \_\_\_\_\_

City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent \_\_\_\_\_

Date \_\_\_\_\_

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director of 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:

*Dana K. Ioia*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dana K. Ioia, PRESIDENT

11/10/99

Date

Daytime Phone #

(2)

TO: STATE OF FLORIDA  
DEPARTMENT OF  
STATE

FROM: ATLANTIC COAST AERO, INC.

RE: FEI # 65-0818183

PLEASE REINSTATE ABOVE CORPORATION.  
WE DID NOT RECEIVE A LETTER IN JUNE  
STATING THE FEI NUMBER HAD BEEN  
LEFT OUT.

THANK YOU,  
Nana K. Jain  
PRESIDENT