

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 JUL -3 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000042111

1. Corporation Name

SOUTH FLORIDA FLYERS, INC.

2. Principal Office Address - No P.O. Box #
1531 NW 13 COURT

Suite, Apt. #, etc.

City & State
MIAMI, FL

Zip
33125

Country
USA

3. Mailing Office Address
1531 NW 13 COURT

Suite, Apt. #, etc.

City & State
MIAMI, FL

Zip
33125

Country
USA

100105409521
07/03/07--01051--011 **1050.00

REINSTATEMENT 05-07

4. Date Incorporated or Qualified
To Do Business in Florida **05/07/1998**

5. FEI Number
65-0895956

Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
MICHAEL A CATALANO

Street Address (P.O. Box Number is Not Acceptable)
1531 NW 13 COURT

Suite, Apt. #, Etc.

City
MIAMI

State Zip Code
FL 33125

☒ 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.

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

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	MICHAEL A CATALANO	1531 NW 13 COURT	MIAMI, FL 33125
VP	TIM DENBY	1531 NW 13 COURT	MIAMI, FL 33125
VP	FRED ROSS	1531 NW 13 COURT	MIAMI, FL 33125
S	JORGE SANCHEZ	1531 NW 13 COURT	MIAMI, FL 33125

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

6/27/07 305-325-9818

Date

Daytime Phone #

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