

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 # P98000090810

1. Corporation Name

Turks Air, Inc.

2. Principal Office Address

6111 N.W. 72 Ave

Suite, Apt. #, etc.

3. Mailing Office Address

6111 N.W. 72 Ave

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33166

Country

U.S.A.

City & State

Miami, Florida

Zip

33166

Country

U.S.A.

REINSTATEMENT

01-04

MRS

4. Date Incorporated or Qualified
To Do Business in Florida

10/26/98

5. FEI Number

650872210

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

JUAN CARDAS GOMEZ

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

229 DAURILEWAY

Suite, Apt. #, Etc.

City

Miami Springs

State

FL

Zip Code

33166

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

9/7/04

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
PD	Clyde Hart	6111 N.W. 72 Ave	Miami, Florida 33166
VTDS	JUAN C. GOMEZ	229 DAURILEWAY	Miami Springs FL 33166

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09/14/04--01016--013 **1200.00

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/7/04

Daytime Phone #

(305) 593-0017

CP2E081 (01/04)