

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

APPLICATION
FOR
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 24 PM 1:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000100164

1. Corporation Name

AEROBENS TRANSPORTATION SERVICE, INC.

Principal Place of Business

Mailing Address

114 HIBISCUS DRIVE
MIAMI SPRINGS FL 33166

POST OFFICE BOX 661665
MIAMI SPRINGS FL 33266-1665

If above addresses 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 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01/01/1999 | |
| City & State | | City & State | | 5. FEI Number | |
| Zip | | Country | | 65-089-8599 | |
| | | | | <input type="checkbox"/> CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 |
| PSTD | ESCRIBENS, FERNANDO A | 114 HIBISCUS DRIVE | MIAMI SPRINGS FL 33166 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| 8. Name and Address of Current Registered Agent | 9. Name and Address of New Registered Agent |
|--|--|
| AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134 | Name FERNANDO ESCRIBENS Street Address (P.O. Box Number is Not Acceptable) 433 PALMETO DRIVE Suite, Apt. #, Etc. City MIAMI SPRINGS State FL Zip Code 33166 |

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 10-17-00.
REGISTERED AGENT MUST SIGN

11. 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: Date 10/17/00 305-5460091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

KE

CR2ED40 (8/00)

202

Miami, October 17, 2000

Florida Department of State
Division of Corporations
Tallahassee, FL 32314

Re: P98000100164
Aerobens Transportation Service, Inc.

Gentlemen:

For an unknown reason our company did not receive the corporation form to file for year 2000.

According to our phone conversation with Ms. Stacey, in your department, on Monday, October 16, 2000, enclosed please find the reinstatement form for this year, along with our check # 1390 in the amount of \$ 150.00, dated 10-20-00 from FIRST UNION NAT. BANK.

Thanking you for the attention you may give to this matter, I remain,

Sincerely,



Aerobens Transportation Service, Inc.
Fernando Escribens
Director