

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVAL  
AND  
FILED

00 AUG 10 AM 9:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P98000101417

**1. Corporation Name**

AERO FREIGHT SYSTEMS CORPORATION

**2. Principal Office Address**

**3. Mailing Office Address**

1216 NORTH WEST 72nd AVE P.O.BOX 52-0645

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**City & State**

MIAMI, FLORIDA 33126

MIAMI, FLORIDA 33152

**Zip**

**Country**

**Zip**

**Country**

33126

USA

33152

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12/98

**5. FEI Number**

Applied For

65-0971042

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒ **Yes**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

OSVALDO MONTIEL

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

1840 SOUTH WEST 137th WAY

Suite, Apt. #, Etc.

**City**

MIRAMAR

**State**  
FL

**Zip Code**  
33027

**REINSTATEMENT**

**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**

REGISTERED AGENT MUST SIGN

**Date**

7/05/2000

**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	Date of Birth / Date of Death ****900/00 / ****900.00
PRES	TITO G. ALAMO	1840 S.W. 137th WAY	MIRAMAR, FL 33027
VP	RICARDO VALENCIA	6331 S.W. 127th court	MIAMI, FLORIDA 33183

**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

TITO G. ALAMO

**Date**

**Daytime Phone #**

7/05/2000 305 463-7343

CR2E081 (9/99)