

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P990000009314

1. Corporation Name

A & E SHUTTLE, INC.

Principal Place of Business

Mailing Address

510 PINECREST DRIVE
MIAMI SPRINGS FL 33166

510 PINECREST DRIVE
MIAMI SPRINGS FL 33166

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 0.0

4. Date Incorporated or Qualified
To Do Business in Florida

01/22/1999

5. FEI Number

65-0891330

Applied For

Not Applicable

6. 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
T	Alexis Farres	510 Pinecrest Drive Miami Springs	FL 33166
S	Erika Farres	510 Pinecrest Drive	Miami Springs FL 33166
P	Aliette M. Ballou	510 Pinecrest Drive	Miami Springs FL 33166
			300003455733--7
			11/07/00-01101-001
			***758.75 ***758.75
			BT 113

8. Name and Address of Current Registered Agent

FARROS, OSVALDO
510 PINECREST DRIVE
MIAMI SPRINGS FL 33166

9. Name and Address of New Registered Agent

Name Aliette M. Ballou
Street Address (P.O. Box Number is Not Acceptable)
510 Pinecrest Drive
Suite, Apt. #, Etc.
Miami Springs
City
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

[Signature]

RE REQUIRED

Date

10/18/00

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:

[Signature]

RE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/00

Date

(305) 389-7411

Daytime Phone #