

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 FEB 21 PM 4:00

DOCUMENT #P 99000034803

**1. Corporation Name**

OBDULIA JET, INC.  
151 LOS PINOS COURT  
CORAL GABLES, FL 33143

**2. Principal Office Address**

151 LOS PINOS COURT

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

Zip  
33143

Country  
USA

**3. Mailing Office Address**

151 LOS PINOS COURT

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

Zip  
33143

Country  
USA

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

4/15/1999

**5. FEI Number**

65-0913581

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

FREDRIC A. HOFFMAN, ESQ.

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

9400 S. DADELAND BOULEVARD, SUITE 600

Suite, Apt. #, Etc.

City

MIAMI

State  
FL

Zip Code

33156

**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

*Fredric A. Hoffman*

REGISTERED AGENT MUST SIGN

Date 2-20-02

**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	SACCO, LEON	151 LOS PINOS COURT	CORAL GABLES, FL 33143
STD	SACCO, CORINA M.	151 LOS PINOS COURT	CORAL GABLES, FL 33143

**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:

*Leon Sacco*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/8/02 305-662-2112

Daytime Phone #

CR2E081 (9/01)