

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Kane Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000044792

1. Corporation Name

MIAMI AIR SYSTEMS, INC.

Principal Place of Business

Mailing Address

8231 SW 87 TERRACE
MIAMI FL 33131

8231 SW 87 TERRACE
MIAMI FL 33131

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

05/13/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0929579

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	FRIED, MARK E	1440 BRICKELL AVE., STE. 700	MIAMI FL 33131
D/P/S/T	LOPEZ, RAMON	8231 SW 87 TERRACE	MIAMI, FL 33143

700004416697--E

-06/13/01--01005--002

****300.00 ****300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FRIED, MARK E
1110 BRICKELL AVE., STE. 700
MIAMI FL 33131

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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 REQUIRED

Date 2/22/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAMON LOPEZ, Pres 04-17-01

Date

Daytime Phone #

(305) 888-3511

CR2E040 (8/00)

MIAMI AIR SYSTEMS, INC.
8231 SW 87th Terrace
Miami, FL 33143

2012

April 17, 2001

Florida Dept. Of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Re: Miami Air Systems, Inc.
Reinstatement / Filing of 2001 Corporate Annual Report**

Dear Sirs:

As the principal of Miami Air Systems, Inc., I never received the 2000 or 2001 Annual Corporate Report for the company. I looked online at the history for the corporation and noticed that the zip code reflected in your system, 33131, is incorrect. The Articles of Incorporation were filed with the correct zip code, 33143, a copy of which is attached hereto.

I contacted your office and was advised to send a letter of explanation, the filled-out Application for Reinstatement and a check for \$300.00. Accordingly, enclosed please find the letter, Reinstatement Application and a check payable to the Florida Department of State for \$300.00.

Sincerely,

MIAMI AIR SYSTEMS, INC.

By: 

RAY LOPEZ, President