

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 18 PM 4:42

DOCUMENT # **P99000077712**

1. Corporation Name

TAMIAMI AIR, INC.

Principal Place of Business

16330 SW 147TH AVENUE
MIAMI FL 33187

Mailing Address

16330 SW 147TH AVENUE
MIAMI FL 33187



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 01-02

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/31/1999

5. FEI Number

65-0945165

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	STEVENS, WALLACE	16330 SW 147TH AVENUE	MIAMI FL 33187
			500004982015--7 -02/21/02--01077--003 ***900.00 ***900.00

8. Name and Address of Current Registered Agent

PEREIRA, JOSEPH A JR.
10300 SW 72ND ST
#470C
MIAMI FL 33173

9. Name and Address of New Registered Agent

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

Joseph A. Pereira Jr.
REGISTERED AGENT MUST SIGN

Date

2-13-02

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:

Wallace Stevens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-13-02

305 232-4820

CR2E040 (8/01)