

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROPRIATE
97AR
REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JUN 11 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S69341

1. Corporation Name **AVIATION IMPORT/EXPORT, Inc.**
2364 Jamestown Road
Fernandina Beach, Florida 32034

Principal Place of Business
2364 Jamestown Road
Fernandina Beach Fl.
32034
Mailing Address
P.O. BOX 10272
Jacksonville, Fl 32247

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 July 31, 1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3075144	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	SMITH, Brian F	2364 Jamestown Rd	Fernandina Bch. Fl 32034
D	MEADOWS, William	2364 Jamestown Rd.	Fernandina Bch. FL. 32034
D	CHARLTON, Henry E.	2364 Jamestown Rd.	Fernandina Bch. FL. 32034

4888882218624-5
-05/12/97-01109-014
***165.00 ***165.00
B6-11-97

8. Name and Address of Current Registered Agent

RAMIREZ, William
6702 Benjamin Road
Suite #500
Tampa, Florida 33634

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

William Ramirez
REGISTERED AGENT MUST SIGN

Date June 9, 1997

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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: Henry E. Charlton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 9, 1997 904-693-1021
Date Daytime Phone #