PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 JUL -9 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S73044

1. Corporation Name

Airliner Painting, Inc.

Principal Place of Business
219 N.E. 20th Street
Miami, Fl. 33137

Mailing Address
219 N.E. 20th Street
Miami, Fl. 33137

000002939110--9
-07/22/99--01088--014
***1200.00 ***1200.00

REINSTATEMENT 96-AR

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

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 08/12/91

5. FEI Number 65-0282431 ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State Zip 4
DP	Luis Miguel	219 N.E. 20th St.	Miami, Fl. 33137
DST	Teresita Miguel	219 N.E. 20th Street	Miami, Fl. 33137

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent
Name: Luis Miguel
Street Address (P.O. Box Number is Not Acceptable): 219 N.E. 20th Street
Suite, Apt. #, Etc
City: Miami
State: FL Zip Code: 33137

CR2E081 (12/98)

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
REGISTERED AGENT MUST SIGN

Date July 7, 1999

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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., 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.

7/7/99

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luis Miguel 7/7/99 (305) 438-9424
Date Daytime Phone #