

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -8 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S89338

1. Corporation Name

AIRMARK OVERHAUL, INC.

2. Principal Office Address

6001 N.W. 29TH AVENUE

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL.

Zip

33309

Country

USA

3. Mailing Office Address

6001 N.W. 29TH AVENUE

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL.

Zip

33309

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/1991

5. FEI Number

650294887

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

MILBURN, WILLIAM R.

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

13842 SW 16TH DRIVE

Suite, Apt. #, Etc.

City

OKEECHOBEE

State

FL

Zip Code

34974

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

REGISTERED AGENT MUST SIGN

Date 12/03/2003

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
P/D/C/	MILBURN, WILLIAM R.	13842 SW 16TH DRIVE	OKEECHOBEE, FL. 34974
S	MORITZ, ERNEST	1424 NW 8TH STREET	DANIA, FL. 33004
T	MORITZ, CLAUDETTE	1424 NW 8TH STREET	DANIA, FL. 33004

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM R. MILBURN

12/03/2003 954-970-3200

Date

Daytime Phone #

CR2E081 (10/02)