

FROM : LUSKY & MOTOLA P.A.

PHONE NO. : 305 446 1205

Nov 11 2000 06:08PM P2

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 21 AM 9:26

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

DOCUMENT #

V21088

1. Corporation Name

United States Aviation Security, Inc.

2. Principal Office Address

1157 SW 5th Street

Suite, Apt. #, etc.

3. Mailing Office Address

1157 SW 5th Street

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33130

Country

USA

Zip

33130

Country

USA

REINSTATEMENT 97-00

4. Date Incorporated or Qualified
To Do Business in Florida

03-12-1992

5. FEI Number

65-0325467

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

Lusky & Motola, P.A.

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

301 Almeria Avenue

Suite, Apt. #, Etc.

345

City

Coral Gables,

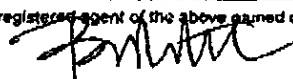
State

FL

Zip Code

33134

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 Director

Date

11/8/00

REGISTERED AGENT MUST SIGN

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
D	Henry Rodriguez	1157 SW 5th Street	Miami, Florida 33130

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)(f), 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

11/3/2000 305-667-6115

Date

Daytime Phone #

H00000060987 5

AD

Division of Corporations

Page 1 of 2

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 922-4004

From:

Account Name : LUSKY & MOTOLA, ESQ.
Account Number : 110331002052
Phone : (305) 446-1245
Fax Number : (305) 446-1205

CORPORATION REINSTATEMENT

UNITED STATES AVIATION SECURITY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$1,200.00