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SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT

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

DOCUMENT # V21088

1. Corporation Name

United States Aviation Security, Inc.

REINSTATEMENT 97-00

2. Principal Office Address	3. Mailing Office Address
1157 SW 5th Street	1157 SW 5th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33130 Country: USA	Zip: 33130 Country: USA

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: [signature], Director Date: 11/8/00

REGISTERED AGENT MUST SIGN

CR8E081 (6/95)

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)(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] 11/3/2000 305.667.6111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AD

Division of Corporations

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