

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

03 MAR 11 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V21088**

1. Corporation Name
UNITED STATES AVIATION SECURITY, INC

2. Principal Office Address
PO BOX 560099

Suite, Apt. #, etc.

City & State
MIAMI FL

Zip Country
33256 USA

3. Mailing Office Address
PO BOX 560099

Suite, Apt. #, etc.

City & State
MIAMI FL

Zip Country
33256 USA

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03/14/03--01038--002 **900.00

4. Date Incorporated or Qualified
To Do Business in Florida **3 12 92**

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 **HENRY RODRIGUEZ**
Street Address (P.O. Box Number is Not Acceptable) **2025 TYLER STREET**
Suite, Apt. #, Etc.
City **HOLLYWOOD** State **FL** Zip Code **33321**

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 **Henry Rodriguez** Date **3 10 03**
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/P	HENRY RODRIGUEZ	2025 TYLER ST	HOLLYWOOD FL 33321

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:

Henry Rodriguez **HENRY RODRIGUEZ** **3056676111**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **3/10/03**