

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -3 AM 11:22

DOCUMENT # V 22570

1. Corporation Name

AMERICAN AIR VENTURES INC

2. Principal Office Address

125 E. Miller St.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip
32806

Country

USA

3. Mailing Office Address

P.O. Box 141107

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32814

Country

USA

REINSTATEMENT 99-DV

4. Date Incorporated or Qualified
To Do Business in Florida

3/92

5. FEI Number

650315895

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

MICHAEL L. Fry

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

125 E. Miller St.

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code

32806

600003262955-3
-05/23/00--01033--008
****900.00 ****900.00

CR2E081 (9/99)

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]

REGISTERED AGENT MUST SIGN

Date

4/17/00

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

PRES	MICHAEL L. Fry	125 E. Miller St. Orlando, FL	Orlando, FL 32806

DRS/12

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

4-17-00

Date

4072400440

Daytime Phone #