

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 OCT 27 2:13
SEC. TALLER

DOCUMENT # 423252

1. Corporation Name
Jet Engine Support Inc

2. Principal Office Address
8296 NW 56st
Suite, Apt. #, etc.

3. Mailing Office Address
PO BOX 520751
Suite, Apt. #, etc.

City & State
Miami FL
Zip 33166 Country USA

City & State
Miami FL
Zip 33152 Country USA

REINSTATEMENT 01-06

4. Date Incorporated or Qualified To Do Business in Florida 4-10-73

5. FEI Number 591520032 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 Max Gomez
Street Address (P.O. Box Number is Not Acceptable) 8296 NW 56st
Suite, Apt. #, Etc.
City Miami FL State FL Zip Code 33166

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 *Marcos Salgado* Date 10/26/06
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
S/D	Michael Gabriel	8296 NW 56 st	Miami FL 33166

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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 contained in Chapter 119, 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: *Michael Gabriel* Date 10/26/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #