

102

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

[Handwritten Signature]

REINSTATEMENT 2002

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F98000002999

1. Corporation Name
 EMBRAER SERVICES, INC.

2. Principal Office Address
 c/o Cesar F. Carrari
 276 S.W. 34th Street
 Suite, Apt. #, etc.
 City & State
 Fort Lauderdale, FL
 Zip
 33315 Country
 USA

3. Mailing Office Address
 c/o Cesar F. Carrari
 276 S.W. 34th Street
 Suite, Apt. #, etc.
 City & State
 Fort Lauderdale, FL
 Zip
 33315 Country
 USA

4. Date Incorporated or Qualified To Do Business in Florida
 05/27/1998

5. FEI Number
 522051994

6. CERTIFICATE OF STATUS DESIRED \$5.75 Additional fee required for a Certificate of Status

Applied For
 Not Applicable

7. Name and Address of Current Registered Agent

Name
 American Information Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
 One Southeast Third Avenue

Suite, Apt. #, Etc.
 28th Floor

City
 Miami

State
 FL

Zip Code
 33131

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] Nery C. Toledo, Asst. Sec. Date _____

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	PIZARRO MANSO, ANTONIO LUIZ	276 S.W. 34th Street	Fort Lauderdale, FL 33315
D	YOKOTA, SATOSHI	276 S.W. 34th Street	Fort Lauderdale, FL 33315
MDCO	DE BAERE, FERNANDO L. A.	276 S.W. 34th Street	Fort Lauderdale, FL 33315
VP	SPULAK, GARY J.	276 S.W. 34th Street	Fort Lauderdale, FL 33315
S	CARRARI, CESAR F.	276 S.W. 34th Street	Fort Lauderdale, FL 33315

10. I certify that I am an officer or director of 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)(b), 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]* CESAR F. CARRARI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
 OCT 31, 2002

Daytime Phone #
 (954) 279-3431

282

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Nery C. Toledo, Legal Assistant
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.
Account Number : 075471001363
Phone : (305)374-5600
Fax Number : (305)374-5095

CORPORATION REINSTATEMENT

EMBRAER SERVICES, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$758.75

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