


2003 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
~~REINSTATEMENT~~



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

FILED
03 MAY 12 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000056338

1. Corporation Name
Aircraft Accessories Group, Inc.

2. Principal Office Address 8525 NW 66 Street		3. Mailing Office Address Same as P.O.A	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI		City & State 11	
Zip FL	Country 33166	Zip 11	Country 11

100020054361
05/29/03--01003--003 **150.00

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-1014698

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name
Oscar Mora

Street Address (P.O. Box Number is Not Acceptable)
3700 SW 128 Ave

Suite, Apt. #, Etc.

City
Miramar

State
FL

Zip Code
33027

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]* Date 04-07-03

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
P	Oscar Mora	3700 SW 128 Ave	Miramar - FL 33027

03 4 BW TS

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]* Date 04-07-03 Daytime Phone # 305-432-0404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/99)