

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000067515

1. Corporation Name

AVIATION EQUIPMENT SERVICES, INC.

Principal Place of Business

Mailing Address

9500 NW 12TH ST. UNIT 7
MIAMI FL 33172

9500 NW 12TH ST. UNIT 7
MIAMI FL 33172

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

9500 NW 12th St.
Unit 6

3. New Mailing Office Address, If Applicable

P.O. Box 226350

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL 33172

City & State
Miami, Florida

Zip Country
33172 Miami-Dade

Zip Country
33122 USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/03/1998

5. FEI Number

65-0854930

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	LOPEZ, JOSE D	9500 NW 12TH ST, UNIT 7	MIAMI FL 33172

600003630386--9
-02/02/01--01049--018
****908.75 ****908.75

8. Name and Address of Current Registered Agent

BENNETT, JOSH N
C/O BENNETT & DAVIS, P.A.
100 SE 2ND ST SUITE 2600
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

Lopez, Jose D.

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

9500 NW 12th St. Unit 6

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33172

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

1-15-01

11. 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.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-599-2022