

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

10/2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 K. The ... is
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 00 OCT 19 AM 11:40
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # P99000013919

1. Corporation Name
AMERICAN AVIATION SUPPORT GROUP CORP.

Principal Place of Business	Mailing Address
860 NORTHEAST 207TH TERRACE SUITE 106 NORTH MIAMI FL 33179	860 NORTHEAST 207TH TERRACE SUITE 106 NORTH MIAMI FL 33179

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



2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida 02/12/1999	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0894161	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	VILLAVICENCIO, CARLOS	860 NORTHEAST 207TH TERRACE	NORTH MIAMI FL 33179
			200003447972--3 -11/02/00--01007--003 ****150.00 ****150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent		
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		Suite, Apt. #, Etc.		
		City	State FL	Zip Code

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 REQUIRED** _____ Date _____
 REGISTERED AGENT MUST SIGN

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.

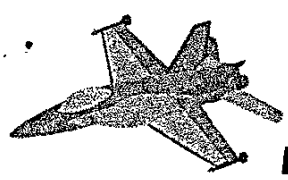
KE

SIGNATURE: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-00 305-463-0747
 Date Daytime Phone #

CR2E040 (6/00)

2072



AMERICAN AVIATION SUPPORT GROUP

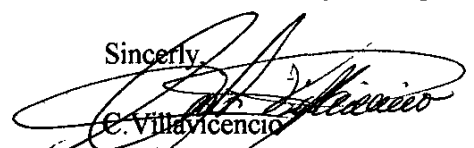
8315 NW 64 STREET BAY # 3
MIAMI FL, 33166
U.S.A.

Phone 305 463-0747
Fax 305*463-0757

prior to receive this notice of administrative dissolution we never received any notification on this matter, as per conversation with mr. Haron I was told to send a check for the amount of \$ 150.00 to wave the late fee.

We appreciate for your help

Sincerely,



E. Villavicencio
President

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