

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 16 AM 8:35

DOCUMENT # 495571

1. Corporation Name

NATIONAL AIRCRAFT SYSTEMS, INC.

2. Principal Office Address

211 POINCIANA ISLAND DRIVE

3. Mailing Office Address

SAME AS PRINCIPAL OFFICE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNNY ISLES, FLORIDA

City & State

Zip

33160

Country

UNITED STATES

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/18/1976

5. FEI Number

591673396

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

ROBERTO GOMEZ

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

211 POINCIANA ISLAND DRIVE

Suite, Apt. #, Etc.

City

SUNNY ISLES

State

FL

Zip Code

33160

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 05/07/2001

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/S/T	ROBERTO GOMEZ	211 POINCIANA ISLAND DRIVE	SUNNY ISLES, FL 33160

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[Signature]

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]

ROBERTO GOMEZ / PRESIDENT

05/07/2001

(305) 948-4767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #