

APPLICATION  
FOR  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 849658

1. Corporation Name

SUPERIOR AIR PARTS, INC.

Principal Place of Business

Mailing Address

14280 GILLES RD

DALLAS, TX 75244

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

2. New Principal Office Address, If Applicable

SAME

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

SAME

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1967

5. FBI Number

75-1253598

☒ Applied For  
☐ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☒

SEE INSTRUCTIONS ON REVERSE OF FORM 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES	BRANK COLEMAN	14280 GILLES RD	DALLAS, TX 75244
CFO	JERRY FALEY VICE PRESIDENT	14280 GILLES RD DALLAS, TX 75244	DALLAS, TX 75244

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

JENNIFER CHIARIELLO

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

5101 N.W. 21 Avenue

Suite, Apt. #, Etc.

Suite 140

City

Ft. Lauderdale

State

FL

Zip Code

33309

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 AgentJennifer Chiariello  
REGISTERED AGENT MUST SIGN

Date 1-12-98

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐(See other side for information  
on intangible tax.)

12. 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:

JERRY FALEY VP

JERRY FALEY

1-6-98

(972) 663-2606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #