

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT 19 PM 3:55

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # *F03000005732*

1. Corporation Name

AIRCRAFT EQUIPMENT CORP
940 SOUTH OYSTER BAY RD.
HICKSVILLE NEW YORK 11801-3518

2. Principal Office Address

940 S. OYSTER BAY RD

3. Mailing Office Address

940 S. OYSTER BAY RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hicksville NY

City & State

Hicksville NY

Zip

11801

Country

USA

Zip

Country

REINSTATEMENT

04.05

4. Date Incorporated or Qualified
To Do Business in Florida

11/17/03

5. FEI Number

13-2560325

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

CORPORATION SERVICE COMPANY

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

1101 HAYS STREET

200061086802

Suite, Apt. #, Etc.

City

TALLAHASSEE FL 32301

State

FL

Zip Code

32301-2535

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.

**Cynthia L. Harris
as its agent**

Signature of
Registered Agent

Cynthia L. Harris

REGISTERED AGENT MUST SIGN

Date

10/18/05

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
CP	MATHEN LOBMAN	26 OVERLOOK DR	LAUREL Hollow NY 11791
VP	RICHARD POWERS	36 4th ST.	HICKSVILLE NY 11801
			<i>200061086802</i>
			<i>11/02/05--01004--013 **150.00</i>

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:

Mathen Lobman PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/05
Date

Daytime Phone #