	PLEASE READ A	ALL <u>I</u> NST	PUCTION	S BEFORE C	COMPLET	ING THIS FOI	RM.		
	PLICATION FOR	FI RI		ENT OF STATE					
REINSTATEMENT VISION OF CORPORATIONS					FILED				
DOCUMENT # F9700001160 1. Corporation Name					98 NOV 23 PM 1:46				
AVIATION QUALITY CONSORTIUM, INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal P	lace of Business	ess		-					
9325 S.W. 212 TERHAGE 9325 S.W. 21 MIAMI FL 33189 MIAMI FL 33			2-TERNACE - 188 -						
If above addresses are incorrect in any way, line through incorrect information and enter correction below.									
AVIATION QUALITY CONSORTIUM			ng Office Address,	If Applicable	Date Incorporated or Qualified To Do Business In Florida 03/06/1997				
Suite, Apt. #, etc. 4488 SW 164 TERRACE City & State City &			etc.	· .	5. FEI Number Applied For				
MIAMI FL Zip Country Zip			Cour	otry	6.	\$8.75 Additional Fee required			
33/8	7 USA				<u> </u>	E OF STATUS DESIRED	for a Certif	icale of Status	
Title(s)	Name of Officers and/or Directors 2	rida nonprofit corporations must list at least 3 director Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)			City / State / Zip				
Р	RAZACK, BILL	6945 S.W. 111 CT.			MIAMI FL 33173				
DV	PRIMIANI, MAURIZIO	9325 S.W. 212 TERRACE			MIAMI FL 33189				
SD	CUBILLOS, PAUL	6125 S.W. 147TH CT.			MIAMI FL 33193				
TD	MORALES, DAVID	14881 S.W. 164 TERRACE			MIAMI FL 33187				
D	BRALO, SERGE	7751 INDIGO ST.			MIRAMAX FL 33023				
D	RAZACK, BILL F	6945 S.W. 111	СТ.		MIAMI FL 33173				
8. Name and Address of Current Registered Agent Name					9. Name and Address of New Registered Agent				
PRIMIANI, MAURICIO					Street Address (P.O. Box Number is Not Acceptable)				
\$325 S.W. 212 TEHHACE MIAMI-FL 3318 9				14881 SW 16 Suite, Apt. #, Etc.			<i>47000408</i> 3000027075537		
City na / Ann						-12/09/18/ate-12/00/e-045			
10. I, being appointed the registered agent of the above named corporation, applications of Section 607.0505, F.S.									
Signature of Registered Agent OSIGNED Date 11/179/98 REGISTERED AGENT MUST SIGN									
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davigne Phone #									
	COUNTY OF THE PARTY OF THE OWN INC.	WF V					wayana i non]	

Aviation Quality Consortium 14881 SW 164 Terrace Miami, Fl 33187



Aviation Quality Consortium

November 19, 1998

Florida Department of State Division of Corporations

Dear Mrs. Leslie:

As per your conversation with our corporation secretary Mr. Paul Cubillios, we are sending to your Florida Department of State Division a check for \$150.00 as a fee to reinstate our corporation in the state of Florida. As you were informed, the corporation address was changed and we did not receive the initial notice of non-compliance. Thank you for your assistance in this matter.

Moules

Sincerely,

David Morales Treasurer