

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G31653**

1. Corporation Name

INTERAM AVIATION PRODUCTS, CORP.

Principal Place of Business

Mailing Address

**6175 NW 167 STREET
SUITE G-7
MIAMI, FL 33015**

SAME

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida
04/04/1983

5. FEI Number

59-2272878

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES	DORIS M WRIGHT	11930 NW 8 STREET	PLANTATION, FL 33325
V.P.	VENANCIO GONZALEZ	11930 NW 8 STREET	PLANTATION, FL 33325
SEC	GREG WRIGHT	16500 GOLF CLUB RD, 106	WESTON, FL 33326

7000002696837--3
-11/25/98--01071018
******900.00 ****000.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARVIN WRIGHT
6175 NW 167 STREET
SUITE, G-7
MIAMI, FL 33015

Name **CARLOS MELEAN**

Street Address (P.O. Box Number is Not Acceptable)
6175 NW 167 STREET

Suite, Apt. #, Etc.
SUITE G-7

City
MIAMI

State
FL

Zip Code
33015

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

REGISTERED AGENT MUST SIGN

Date

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/17/98 **305-557-0178**

FILED

98 NOV 19 PM 3:05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

REINSTATEMENT

97-98

CR2E040 (1/98)