

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 JAN -3 AM 10:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # H14638

1. Corporation Name

DIVERSIFIED AERONAUTICAL SUPPLY

2. Principal Office Address

1620 S. WASHINGTON AVE

Suite, Apt. #, etc.

N-A

City & State

TITUSVILLE, FLORIDA

Zip

Country

32780-4714 BREVARD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

04

4. Date Incorporated or Qualified  
To Do Business in Florida

08-02-1984

5. FEI Number

59-2429621

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

LINDA PARLOTTO

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

5508 RIVER OAKS DRIVE

Suite, Apt. #, Etc.

N-A

City

TITUSVILLE, FLORIDA

700043809717

01/03/05--01047--012 \*\* 150.00

State

FL

Zip Code

32780

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

Linda Parlotto

Date

10/30/04

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.D.	MARK A. REED	3855 ESSEX STREET	TITUSVILLE, FL 32796
V.D.	CHERYL M. REED	3855 ESSEX STREET	TITUSVILLE, FL 32796
V.D.	JASON PARLOTTO	5508 RIVER OAKS DR	TITUSVILLE, FL 32780

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:

Mark A Reed

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 DECEMBER 2004

Date

Daytime Phone #

CR2E081 (01/04)

1/59

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Florida Department Of State  
Division Of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Diversified Aeronautical Supply &  
Hardware, Incorporated  
1620 South Washington Avenue  
Titusville, Florida, 32780-4714

Dear Sir,

I am writing you today to explain the tardiness of our 2004 Annual Report. We did not receive any notification of 2004 Renewal via the mail. The other major factor is that we were hit by three hurricanes which devastated our business. We were without power for approximately twenty one days. We also lost approximately fifty percent of our stock.

Therefore we are hoping that you will reduce our 2004 annual report filing charge to \$150.00.

Sincerely,

Mark A Reed Jr.

Mark A. Reed Jr.  
President