PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED
96 NOV 12 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04902

1. Corporation Name

MIAMI INTERNATIONAL AVIONICS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O ROBERT J. PATERNO<br>~~801 BRICKELL AVE. 14TH FL~~<br>~~MIAMI FL 33131~~<br>~~US~~ | C/O ROBERT J. PATERNO<br>~~801 BRICKELL AVENUE 14TH FLOOR~~<br>~~MIAMI FL 33131~~ |

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 |
|---|---|
| 700 N.E. 90 Street | 700 N.E. 90 Street |
| Suite, Apt. #, etc.: Suite B | Suite, Apt. #, etc.: Suite B |
| City & State: Miami, Florida | City & State: Miami, Florida |
| Zip: 33138 Country: United States | Zip: 33138 Country: United States |

4. Date Incorporated or Qualified To Do Business in Florida: 07/26/1990

5. FEI Number: 65-0196542 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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 |
|---|---|---|---|
| D | PATERNO, ROBERT J. | ~~801 BRICKELL AVE, 14FL~~<br>7330 S.W. 116 Street | ~~MIAMI FL~~<br>Miami, FL 33156 |
| D | DJAHANSHAHI, IZAD N. | 474 HUNTINGLODGE DR. | MIAMI SPRINGS FL |
| | | | |
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*****375.00 *****375.00

REINSTATEMENT 1996

8. Name and Address of Current Registered Agent

PATERNO, ROBERT J.
~~801 BRICKELL AVENUE~~
~~14TH FLOOR~~
~~MIAMI FL 33131~~

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 700 N.E. 90 Street

Suite, Apt. #, Etc.: Suite B

City: Miami State: FL Zip Code: 33138

10. Having been 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: [signature] REQUIRED Date: NOV. 7 1996

REGISTERED AGENT MUST SIGN

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: [signature] REQUIRED Secretary NOV. 7 1996 305-759-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Robert J. Paterno, Secretary