APPLICATION FOR REINSTATEMENT

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

FILED

96 OCT 31 AM 9: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L57998

1. Corporation Name

UNITED AIRCRAFT SALES, CORP.

REINSTATEMENT 96

Principal Place of Business	Mailing Address
1515 NW 82 AVE MIAMI FL 33126	1515 NW 82 AVE MIAMI FL 33126

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	4. Date Incorporated or Qualified To Do Business in Florida 03/13/1990
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 65-0180038 ☐ Applied For ☐ Not Applicable
City & State SAME	City & State SAME	6.
Zip	Country	Zip	Country	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
PTD	ORTEGA, JULIAN	8020 SW 93 COURT	MIAMI FL 33173
			700001998307--4 11/07/96--01005--009 ****383.75 ****383.75

VB11-4-96

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
SANCHEZ, PLACIDO 1515 NW 82 AVE MIAMI FL 33126	Name JULIAN ORTEGA Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. 1515 N.W. 82 AVE City MIAMI State FL Zip Code 33121

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 _____ SIGNATURE REQUIRED _____   Date 10/22/96

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: _____ JULIAN ORTEGA PRESIDENT _____ 10/22/96 (305) 471-9648

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