

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 MAR 18 PM 1:41

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

L93080

1. Corporation Name

Aero Tech Industries Inc.

2. Principal Office Address - No P.O. Box #

1600 E. Airport Road

3. Mailing Office Address

800 Third Avenue

Suite, Apt #, etc

Suite, Apt #, etc

City & State

Hollywood, FL

City & State

New York, NY

Zip

33023

Country

USA

Zip

10022

Country

USA

CR2E081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

August 17, 1990

5. FEI Number

65-0358193

☐ 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

NRAI Services, Inc

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

2731 Executive Park Drive

Suite, Apt. #, Etc.

Suite 4

City

Weston

State

FL

Zip Code

34677

100197891391  
03/15/11--01012--012 \*\*450.00

100197891391  
03/15/11--01012--013 \*\*26.25

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

*Peter M. Ricci*

Date

3/17/11

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
Chairman	Richard M. Schaps	800 Third Avenue	New York, NY 10022
Br. Managing Direc.	Mark H. Johnston	800 Third Avenue	New York, NY 10022
President	John Haegele	800 Third Avenue	New York, NY 10022
Exec. V.P.	Steven S. Pretsfelder	800 Third Avenue	New York, NY 10022
Chief Financial Off.	Bruno A. Walmsley	800 Third Avenue	New York, NY 10022

10. E-mail Address: spretsfelder@vanwagner.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

*AL A. [Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/18/11