

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 14 PM 2:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # M29929

1. Corporation Name

AVIONICS GROUP, INC.

Principal Place of Business

13030 SOUTHWEST 133RD COURT
MIAMI FL 33186

Mailing Address

13030 SOUTHWEST 133RD COURT
MIAMI FL 33186

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/03/1986

5. FEI Number

65-0163406

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 3	City / State / Zip 4
PST	BREWER, TOM	13030 SW 133 CT	MIAMI FL 33186
D	BREWER, TOM	13030 SW 133 CT	MIAMI FL 33186

000008974620

11/13/02--01017--011 **750.00

8. Name and Address of Current Registered Agent

BREWER, W F
6740 SW 87 TERRACE
MIAMI FL 33156

9. Name and Address of New Registered Agent

Name

JOHN R. SUTTON

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

7721 S.W. 62 AVE

Suite, Apt. # Etc.

FIRST FLOOR

City

SOUTH MIAMI

State

FL

Zip Code

33143

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

November 4, 2002

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 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 #

[Signature]
THOMAS F. Brewer 11/04/02 305-238 9045

CR2E040 (8/02)

State of Florida Department of State

CERTIFICATE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION

The below named corporation having failed to file its 2002 corporation annual report/uniform business report, in accordance with Florida Statutes, is hereby administratively dissolved or revoked effective October 4, 2002.

Corporation Name: **AVIONICS GROUP, INC.**

Document Number: **M29929**

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
4th day of October, 2002.



A handwritten signature in cursive script, reading "Jim Smith".

Jim Smith
Secretary of State