

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000019824

1. Entity Name
ALFRAMER AIRSPARES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV -2 PM 3:56

Principal Place of Business
5391 WEST 8TH AVENUE
HIALEAH, FL 33012

Mailing Address
5391 WEST 8TH AVENUE
HIALEAH, FL 33012



2. Principal Place of Business

11420 SW 47 TR

Suite, Apt. #, etc.

PH

City & State

MIAMI, FL

Zip

33165

Country

3. Mailing Address

11420 SW 47 TR

Suite, Apt. #, etc.

PH

City & State

MIAMI, FL

Zip

33165

Country

10262004

REIN-P

CR2E098 (6/04)

4. FEI Number
65-0984960

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES-PROUT, MERY
5391 W 8 AVE
HIALEAH, FL 33012

7. Name and Address of New Registered Agent

Name Mabel Jones

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

11420 S.W 47 TERRACE

City MIAMI

FL

Zip Code

33165

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Mabel Jones

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10-28-04

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PTD
NAME PROUT, NORMAN W JR.
STREET ADDRESS 5391 WEST 8TH AVENUE
CITY-ST-ZIP HIALEAH, FL 33012 ☒ Delete

TITLE SVD
NAME JONES-PROUT, MERY
STREET ADDRESS 5391 WEST 8TH AVENUE
CITY-ST-ZIP HIALEAH, FL 33012 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD
NAME Mabel Jones
STREET ADDRESS 11420 S.W 47 TERRACE
CITY-ST-ZIP MIAMI FL 33165 ☒ Change ☐ Addition

TITLE SVD
NAME JULIO MUÑOZ
STREET ADDRESS 11420 S.W 47 TERRACE
CITY-ST-ZIP MIAMI FL 33165 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-28-04 (805) 7109493

11/8 20