
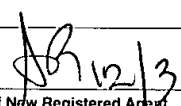
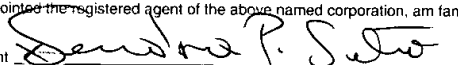
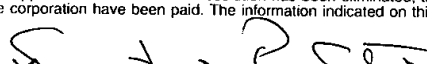


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg);"> FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01 NOV 19 AM 10:44 </div> <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">REINSTATEMENT 01</div>	
DOCUMENT # P00000091550					
1. Corporation Name M.S. AVIATION SUPPORT, INC.					
Principal Place of Business 1237 NW 93 CT MIAMI, FL. 33172		Mailing Address 1237 NW 93 CT MIAMI, FL. 33172			
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 Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida SEPTEMBER 25, 2000 5. FEI Number 65-1041962 6. <input type="checkbox"/> CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$375 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
P	SANDRA SOTO	14912 SW 90 TER	MIAMI, FL. 33196		
VP	MAURICIO MURILLO	11173 NW 7 ST-APT.204	MIAMI, FL. 33172		
ST	LUZ F. SOTO	14912 SW 90 TER	MIAMI, FL. 33196		
			400004704964--4 -12/05/01--01002--022 ****750.00 ****750.00		
					
8. Name and Address of Current Registered Agent SANDRA SOTO 14912 SW 90 TER MIAMI, FL. 33196			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL		
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  Date NOV 2/01 REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. 					

CR2E040 (12/95)