## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P00000091550

14912 SW 90 TER

MIAMI, FL 33196

Address: City-St-Zip:

Entity Name: M. S. AVIATION SUPPORT, INC

FILED Jun 02, 2006 Secretary of State

Littly Name: W. S. AVIATION SUFFURT, INC.					
Current Pr	incipal Plac	e of Business:	New Principal Place o	New Principal Place of Business:	
1325 N.W. SUITE B-11 MIAMI, FL	15		14912 SW 90 TER. MIAMI, FL 33196 U	S	
Current Mailing Address:			<b>New Mailing Address</b>	New Mailing Address:	
1325 N.W. SUITE B-11 MIAMI, FL	15		14912 SW 90 TER. MIAMI, FL 33196 U	S	
FEI Number:	65-1041962	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
SOTO, SANDRA 14912 SW 90 TERR. MIAMI, FL 33196 US					
The above in the State		submits this statement for the pu	rpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE: SANDRA	A SOTO			
Electronic Signature of Registered Agent			nt	Date	
		93(2)(b), F.S., the corporation did not ng Trust Fund Contribution ( ).	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PTD ( SOTO, SANDF 14912 SW 90 MIAMI, FL 33	TER	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VPSD ( MURILLO, MA 14912 SW 90 MIAMI, FL 33	TERRACE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	ST ( SOTO, LUZ F	) Delete	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: SANDRA SOTO PTD 06/02/2006