


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

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**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT #** P00000117938  
**1. Corporation Name**  
 Aviation Enterprises International of South Florida

<b>2. Principal Office Address</b> 4705 NW 132 St Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 4705 NW 132 St Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami FL	
Zip 330543	Country USA	Zip 33054	Country USA

REINSTATEMENT

01-02

**4. Date Incorporated or Qualified To Do Business in Florida** 12/29/2000

**5. FEI Number** 65-1063326  
 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  
Walser, Richard

Street Address (P.O. Box Number is Not Acceptable)  
4705 NW 132 St

Suite, Apt. #, Etc.

City  
Miami

State  
FL

Zip Code  
33054

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-01/18/02--01053--030  
\*\*\*\*908.75 \*\*\*\*908.75

**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 Richard Walser Date 01/04/2002  
 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
D	Walser, Richard	4705 NW 132 St	Miami FL 33054
V	Mathis, Ronald	4705 NW 132 St	Miami FL 33054

**10. 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:** Richard Walser Richard Walser 01/04/2002 (305) 688-1211  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)

AB

# Aviation Enterprises International of South Florida, Inc.

January 4, 2002

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee FL 32399

RE: Document # P00000117938

To Whom It May Concern:

We are in the process of executing a name change to our corporation and it has come to our attention that the annual Uniform Business Report was not submitted within the allowed time period and therefore has been dissolved by the state.

We hereby submit the required Corporation Reinstatement, Consent of Shareholders & Directors and Articles of Amendment to Articles of Incorporation documents.

Also enclosed is payment as required by the State of Florida to execute these documents.

Sincerely,



Richard Walser  
Director, Aviation Enterprises International of South Florida, Inc.