2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
08 OCT 13 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08

10072008 REIN-P CR2E098 (1/07)

DOCUMENT # P01000001830

1. Entity Name
J & L AIRCRAFT ENGINE SERVICES, INC.

Principal Place of Business	Mailing Address
14900 NW 24 CT BAY 4 OPA LOCKA, FL 33054	2307 S DOUGLAS RD SUITE 400 MIAMI, FL 33145

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	3785 NW 82 AVE
Suite, Apt. #, etc.	Suite, Apt #, etc. 302
City & State	City & State DORAL FL
Zip / Country	Zip 33166 / Country US

4. FEI Number: 65-1063976 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OVIES, EDUARDO
2307 DOUGLAS RD, SUITE 400
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name: OVIES, IDA
Street Address (P.O. Box Number is Not Acceptable): 3785 NW 82 AVE #302
City: DORAL FL Zip Code: 33166

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: [signature] 10/7/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2009, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS BARRIOS, JUAN C 8023 NW 174 ST MIAMI, FL 33018	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900136872169 10/13/08--01043--011 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVPT BARRIOS, LARRY 19672 NW 25 ST MIAMI, FL 33015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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] 10-8-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JC 10/14