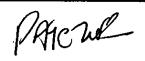
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. Age has

CORF	PORATION	FLORIDA DEPARTME Secretary of a division of corpo	State		ED 7 AM 10: 56		
DOCUMENT # \$010000 1714 9 1. Corporation Name				STILET!		,	
Aircraft tools & G.S.E. INC.				Tian Listinse			
2. Principal C 3035 Suite, Apt. #, e	SW 93rd Place	3. Mailing Office Address 8567 Corn W Suite, Apt. #, etc.	A-y	3001 03/11/03-			
City & State		City & State		To Do Business in Florida Feb 15, 2001			
Miani, FL Mian		Miami, Fl		5. FEI Number 65-107.7623-		Applied For Not Applicable	
33/6	5 U.S.A	33155 L	I. S. A	CERTIFICATE OF STA		Additional Fee required Certificate of Status	
7. Name and Address of Current Registered Agent							
Name Alexander Rosado Street Address (P.O. Box Number is Not Acceptable) 3035 Sw 93 Rd Place Suite, Apt. #, Etc. City Wirami State Zip Code FL 33165							
8. I, being appointed the registered agent of the above ranged corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date Page 1999 PREGISTERED AGENT MUST SIGN							
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)							
Titles	Titles Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip		
Pres.	Alexander Rosad	3035 8	3035 SW 93 rd Place		Miam: , F1 33165		
			~() - 0	3-487	·->	·	
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 filling 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 accordate, and my signature shall have the same legal effect as if made under oath.							
SIGNATURE: 1/9/03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							





AIRCRAFT.TOOLS & G.S.E. Inc.

January 8, 2003

P.O Box 6327 Tallahassee, Fl 32314

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To whom it may Concern:

I was looking in the internet in the corporation and status and I found Aircraft Tools & GSE Inc to be inactive. I have filled out the reinstatement form to insure that the company is put back to a active status. The reason for the company becoming in this status is because the company had moved and had informed of new address yet never received any documentation to confirm the address was changed in the system.

Since I have informed prior to the address change in writing to the state and never received any additional information concerning the change. I am not sure what are the fees that the company is liable for at the moment and what additional information is needed from the company. If you would be so kind in providing that information I will make sure that it will be taking care. Thank you in advance for your kindness and helpfulness.

Sincerely,

Alexander Rosado

President

8567 Coralway #157 Miami, Fl 33155

Tel: 305-222-6120 Fax:305-675-2268