

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
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02 NOV -8 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000038509

1. Corporation Name

AVEX FLIGHT SUPPORT INC.

Principal Place of Business

P.O. BOX 300
CLEVERDALE NY 12820

Mailing Address

P.O. BOX 300
CLEVERDALE NY 12820

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/13/2001	
City & State		City & State		5. FEI Number	
Zip		Country		14-1820410	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐				\$8.75 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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	CASTELLANO, JAMES	32079 POWERLINE RD	BROOKSVILLE FL 34602

600008891256
11/08/02--01089--006 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CASTELLANO, JAMES 32079 POWERLINE RD BROOKSVILLE FL 34602	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State FL
		Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

 REGISTERED AGENT MUST SIGN

Date

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CH2040 (8/02)



PO Box 300, Cleverdale, NY 12820
Phone: 518-656-9455
Fax: 518-656-9472

November 5, 2002

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

AvEx Flight Support has not received any UBR Notices prior to the Notice of Administrative Dissolution or Revocation received 11/4/02.

Should you have any questions, or require anything further, please contact me at the above number.
Thank you for your time and attention to this matter.

Respectfully,



D. Richard Castellano
President/CEO
AvEx Flight Support