

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 JUN 28 AM 11:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000045802**

1. Corporation Name

**JET ENGINE TECHNOLOGY SOLUTIONS INC.**

**300038281073**  
06/25/04--01039--003 \*\*308.75

**06/25/04 01039--003 \*\*308.75**

2. Principal Office Address

**18111 NW 16 ST**

Suite, Apt. #, etc.

3. Mailing Office Address

**18111 NW 16 ST**

Suite, Apt. #, etc.

City & State

**PEMBROKE PINES, FL**

Zip  
**33029**

Country

**BROWARD**

City & State

**PEMBROKE PINES, FL**

Zip

**33029**

Country

**BROWARD**

4. Date Incorporated or Qualified  
To Do Business in Florida

**5/3/01**

5. FEI Number

**65-1103945**

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

**ANTHONY L. TOLGYESI**

Street Address (P.O. Box Number is Not Acceptable)

**1909 TYLER ST.**

Suite, Apt. #, Etc.

**SUITE 400**

City

**HOLLYWOOD**

State

**FL**

Zip Code

**33020**

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

Date **6-23-04**

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
PRES.	JIM LEVY	18111 NW 16 ST	PEMBROKE PINES, FL 33029
V.P.	DAVID LEVY	1153 NW 175 AVE	PEMBROKE PINES, FL 33029

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRES.**

**6/23/04 (305) 778 0371**

Date

Daytime Phone #