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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

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

FILED

06 NOV 9 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000048768

1. Corporation Name

AEROENGINE TECH, INC

REINSTATEMENT

05-06

CR2E081 (12/05)

2. Principal Office Address 8020 NW 90th Street		3. Mailing Office Address 9100 S. Dadeland Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Ste. 912	
City & State Medley, Florida		City & State Miami, Florida	
Zip 33166	Country	Zip 33156	Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-1111427

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
ANDRES CEDENO

Street Address (P.O. Box Number is Not Acceptable)
9100 S. Dadeland Blvd.

Suite, Apt. #, Etc.
Suite 912

City
Miami,

State
FL

Zip Code
33156

000081165680
10/25/06--01005--019 **308.5

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 X Andres Cedeno **Date** 10-17-06

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
PSTD	ANDRES CEDENO	8020 NW 90 Street	Miami, FL 33166

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 contained in Chapter 119, 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: X Andres Cedeno **10-17-06 305-671-0003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

X 11/13

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VARGAS, PIEDRA & CO.
CERTIFIED PUBLIC ACCOUNTANTS

MEMBERS
AMERICAN AND FLORIDA
INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

ONE DATRAN CENTER
9100 SOUTH DADELAND BLVD.
SUITE 912
MIAMI, FLORIDA 33156
TELEPHONE
(305) 671-0003
FAX
(305) 671-6263

November 6, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: AEROENGINE TECH, INC
P01000048768

Enclosed you shall find a check in the amount of \$308.75 for the reinstatement of AEROENGINE TECH, INC. for the year 2005 and 2006.

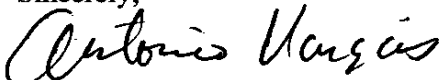
Please note that we never received notices for the year 2005 and 2006 due to the fact that the address you had stated on the Department of State annual reports was old.

I have changed the old address to the new address on the reinstatement form so that this does not happen again. I ask you for your cooperation regarding this matter due to the fact I never received notice.

Thank you for your cooperation regarding this matter.

If you should have any questions do not hesitate to call me.

Sincerely,


Antonio Vargas, CPA