

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 16 AM 10:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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01/16/03--01049--005 **150.00

DOCUMENT # PO1000084462

1. Corporation Name

A&S AIRCRAFT DISTRIBUTOR, INC

2. Principal Office Address

2553 NW 74 AVENUE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

Country

Zip

Country

33122

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08-27-2001

5. FEI Number

65-1133240

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

ALEJANDRO SANTTI

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

6235 PALM AVENUE

Suite, Apt. #, Etc.

City

HIALEAH

State
FL

Zip Code
33012

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

REGISTERED AGENT MUST SIGN

Date 01/15/2003

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
PVPST	ALEJANDRO SANTTI	6235 PALM AVENUE	HIALEAH, FL 33012

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/2003 305-594-3882

Date

Daytime Phone #

CR2E081 (10/02)

gr 117



2553 N.W. 74 AVENUE
MIAMI, FLA 33122
305-594-3882 Fax 305-592-0664

January 15, 2003

State of Florida
Department of State

Secretary of State

Attention: Re-instatement Section

Ref# 65-1133240

I'm sending a Reinstatement Form originally sign, I spoke to a lady today by the name of Martina and I explain to her that back in June 25, 2002 I send a letter along with a copy of the report & the check for the annual report because it was never received, I after that assume that everything was OK and that the company was re-instated because of everything that happen, the thing is that the form I send was a copy I had in my file from the original that was originally mailed, What happen was that I did not know that a copy was not valid and that I had to send a original signature, since we have move and I also provided my new address the copy of the form was mailed back to me along with the check and it was mailed to the old address.

I had gone to the Post Office and change the address but that letter never arrive to me, and up to now that one of my vendor check in the registered and told me that the company was inactive I did not know.

I will like to see if some one can help me on this issue PLEASE as soon as possible.

If you need to contact me for any reason please, feel free to contact me at (305)594-3882.
Also make note of the new address 2553 N.W. 74 AVENUE, MIAMI, FL 33122

Sincerely

Alejandro Santti
President
A&S Aircraft Distributor.