PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 26 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000034625

1. Corporation Name

Discount Aeroparts, Inc.

REINSTATEMENT 03

2. Principal Office Address	**3.** Mailing Office Address
3468 W 84 Street	3468 W 84 Street
Suite, Apt. #, etc. B-103	Suite, Apt. #, etc. B-103
City & State Hialeah, FL	City & State Hialeah, FL
Zip 33018 Country USA	Zip 33018 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number ☐ 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: Raixa Cagigas

Street Address (P.O. Box Number is Not Acceptable): 3468 West 84 Street

Suite, Apt. #, Etc.: B-103

City: Hialeah State: FL Zip Code: 33018

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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 12/8/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
President	Raixa Cagigas	3468 West 84 Street B-103	Hialeah, Fl. 33018

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: _____ 12/8/03 (305)698-3995

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

12/8/03

I never received documents in the mail for renewal. Please send any correspondence to:
3468 W84 Street B-103
Hialeah, Fl. 33018

Thank You.