

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000063044

1. Corporation Name

AERO COMPONENT SERVICES, INC.

Principal Place of Business

3117 S.E. 16TH PLACE
CAPE CORAL FL 33904

Mailing Address

3117 S.E. 16TH PLACE
CAPE CORAL FL 33904

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

Suite, Apt. #, etc.

2634 NE 9 AVE
City & State
UNIT #5 / CAPE CORAL FL

Suite, Apt. #, etc.

City & State

Zip
33909

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/06/2002

5. FEI Number

04-3696032

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PVST	DELANEY, RICHARD J	3117 S.E. 16TH PLACE	CAPE CORAL FL 33904

200023982442
10/21/03--01118--021 **158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DELANEY, RICHARD
3117 S.E. 16TH PLACE
CAPE CORAL FL 33904

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

R. Delaney
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/14/03

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:

R. Delaney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/03 (239) 281-0725
Date Daytime Phone #

CR2040 (7/03)

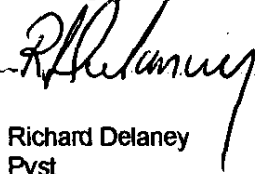
Aero Components Services Inc.
2634 ne 9 ave unit #5
Cape Coral FL. 33909

Department of State
Division of corporations
p.o. Box 6327
Tallahassee FL.32314

Dear Department of State,

I was told to write this letter ,by the department of corporations. I did not receive my 2003 corporation annual report form. I am enclosing a check for 158.75 as instructed, and my address is Aero Components Services 2634 ne 9 ave unit#5 Cape Coral FL. 33909.

Best regards,



Richard Delaney
Pvst
Aero Components Services