

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR 17 AM 8:00

DOCUMENT #

102000086721

1. Corporation Name

INTEGRATED AVIATION SERVICES, INC

REINSTATEMENT

03-04
MRS

2. Principal Office Address

2025 Brickell Avenue

3. Mailing Office Address

1865 Brickell Avenue

Suite, Apt. #, etc.

Suite 706

Suite, Apt. #, etc.

TH 5

City & State

Miami, FL

City & State

Miami, FL

Zip

33129

Country

Zip

33129

Country

4. Date Incorporated or Qualified

To Do Business in Florida 8/12/2002

5. FEI Number

74-3056920

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

200029842822

03/04/04--01007--013 **150.00

200029842822

03/18/04 01030 003 **150.00

7. Name and Address of Current Registered Agent

Name

Maria Spittler

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

1865 Brickell Avenue

Suite, Apt. #, Etc.

Th 5

City

Miami

State
FL

Zip Code
33129

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

Maria Spittler Maria Spittler

Date 2/18/2004

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
P	Maria Spittler	1865 Brickell Avenue TH 5	Miami, FL 33129
VP	Rocio E. Uzategui	2025 Brickell Avenue Suite 706	Miami, FL 33129

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:

Maria Spittler Maria Spittler

2/18/2004

786-208-9992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

282

2/18/2004

Division of Corporation
Florida Department of State
P.O. Box 6327
Tallahassee, Florida 32314

Re: Integrated Aviation Services Inc., P02000086721
Non Receipt of Annual Report from Tallahassee.

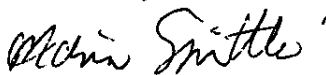
Dear Sir or Madam:

Following telephone instructions, this is to confirm that this office never receive by US mail or other, the Corporate Annual Report for 2003. Due it to this situation, the undersign, on behalf of **Integrated Aviation Service**, hereby respectfully ask for a waiver of the late fee associated with the filing of the annual report.

Attached please find annual report 2003 and check on the amount of \$ 150 (one hundred dollars) for the fees corresponding to the 2003 annual report.

If you have any question please contact me at telephone number 786-208-9992 email maca7@bellsouth.net.

Sincerely,



Maria Spittler
Registered Agent

Enclosures

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