

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

07 JUL -2 AM 7:04

DOCUMENT # P03000021011

1. Corporation Name

AVIATION COLLECTION, INC

**REINSTATEMENT**

04-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #  
1201 SW 60 CT.

3. Mailing Office Address  
1201 SW 60 CT

Suite, Apt. #, etc. -

City & State  
MIAMI, FL

Zip Country  
33144 USA

4. Date Incorporated or Qualified To Do Business in Florida 02/20/2003

5. FEI Number 51-0446405 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  
WASHOFKY + ASSOCIATES, PA  
Street Address (P.O. Box Number is Not Acceptable)  
1876 N. UNIVERSITY DRIVE  
Suite, Apt. #, Etc.  
SUITE # 200E  
City  
PLANTATION  
State  
FL  
Zip Code  
33322

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 M E W, EA Date 06/29/07  
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	CECILIA R. MURIAS	1201 SW 60 CT	MIAMI, FL 33144

200105161672  
07/02/07--01059--001 \*\*1200.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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.

X Cecilia R. Murias  
SIGNATURE: CECILIA R. MURIAS PRES 6/29/07 954-474-0055  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #