

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000026130

1. Corporation Name

INTERNATIONAL AIRCRAFT CARE INC

2. Principal Office Address - No P.O. Box #

3275 S JOHN YOUNG PARKWAY

Suite, Apt. #, etc.

STE 131

City & State

KISSIMMEE FLORIDA

Zip

34746

Country

USA

3. Mailing Office Address

3275 S JOHN YOUNG PARKWAY

Suite, Apt. #, etc.

STE 131

City & State

KISSIMMEE FLORIDA

Zip

34746

Country

USA

7. Name and Address of Current Registered Agent

Name

WILFREDO SANTIAGO

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

3275 S JOHN YOUNG PARKWAY

Suite, Apt. #, Etc.

STE 131

City

KISSIMMEE FLORIDA

State

FL

Zip Code

34746

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

[Signature]

Date 12/15/2009

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	WILFREDO SANTIAGO	3275 S JOHN YOUNG PARKWAY STE 131	KISSIMMEE FLORIDA 34746

10. E-mail Address: INTAIRCRAFT@GMAIL.COM

(To be used for future annual report notification)

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. I further certify, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/09

Date

(407) 346-8814

Daytime Phone #

FILED

09 DEC 30 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-09

300163794499

12/18/09--01044--003 **158.75

CR2E081-11/09

08-09

4. Date Incorporated or Qualified
To Do Business in Florida

02/05/2004

5. FEI Number

20-0692243

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.

300163794499

12/30/09--01018--025 **150.00

12/31