

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 DEC 29 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

DOCUMENT # P05000084423

1. Corporation Name

Aero Consulting and Engineering

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

7941 NW 3rd Street

Suite, Apt. #, etc.

3. Mailing Office Address

7941 NW 3rd Street

Suite, Apt. #, etc.

City & State

Plantation, FL

City & State

Plantation, FL

Zip

33324

Country

USA

Zip

33324

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

06/13/2005

5. FEI Number

20-2980709

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
No

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Teresa M Avila

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

7941 NW 3rd Street

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

700280451707
12/29/15--01022--002 **900.00

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

Teresa Avila

Date **12/28/15**

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	Teresa M Avila	7941 NW 3rd Street	Plantation, FL 33324
VP	Joe L Avila	7941 NW 3rd Street	Plantation, FL 33324

DEC 29 2015

R. HUNT

REINSTATEMENT

10. E-mail Address: louieavila@hotmail.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Teresa Avila

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/15

754-562-1574
Daytime Phone #