

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

10 MAR 29 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000110380

1. Corporation Name

COMMUTER AIR PARTS SUPPORT, INC.

500173450475
03/29/10--01066--009 **750.00

REINSTATEMENT 06-10

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

6991 NW 50TH ST

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

Zip

33166

Country

DADE

Zip

Country

4. Date incorporated or Qualified
To Do Business in Florida

09/01/2005

5. FEI Number

01-0842049

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

OLGA RESTREPO

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

11470 NW 79TH LANE

Suite, Apt. #, Etc.

City

MIAMI FLORIDA

State

FL

Zip Code

33178

☒ 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

REGISTERED AGENT MUST SIGN

Date 03/24/2010

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	ALVARO QUIROZ	6991 NW 50TH ST	MIAMI, FL 33166
VS	SHIRLEY QUIROZ	14566 SW 112TH ST	MIAMI, FL 33186
T	LARRY QUIROZ	12638 IVORY STONE LOOP	FORT MYERS, FL 33913

3/30

10. E-mail Address: COMMUTERAIR@AOL.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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MAR. 25/2010 3053374932