

# **2008 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000039924

**FILED**  
**Nov 05, 2008**  
**Secretary of State**

**Entity Name:** NORTH ATLANTIC AIRCRAFT SERVICES, CORP

**Current Principal Place of Business:**

4811 LYONS TECHNOLOGY  
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

9858 GLADES RD  
D3  
BOCA RATON, FL 33438 US

**Current Mailing Address:**

4811 LYONS TECHNOLOGY  
COCONUT CREEK, FL 33073

**New Mailing Address:**

9858 GLADES RD  
D3  
BOCA RATON, FL 33438 US

**FEI Number:** 20-8718145

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TAX HOUSE CORPORATION  
1261 E SAMPLE RD  
POMPANO BEACH, FL 33064 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** TAX HOUSE CORPORATION

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MALAGO, JOAO LUIZ  
Address: 22996 OLD INLET BRIDGE DRIVE  
City-St-Zip: BOCA RATON, FL 33433

Title: V ( ) Delete  
Name: GUIMARAES, EDUARDO  
Address: 22996 OLD INLET BRIDGE DRIVE  
City-St-Zip: BOCA RATON, FL 33433

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** JOAO LUIZ MALAGO

P

11/05/2008

Electronic Signature of Signing Officer or Director

Date