

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 26 PM 3:53

DOCUMENT # P27903

1. Corporation Name

INTERNATIONAL AIRLINE SUPPORT GROUP, INC.

000003464860--0

-11/15/00--01100--019

****750.00 ****750.00



REINSTATEMENT

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Principal Place of Business

Mailing Address

1954 AIRPORT RD
SUITE 200
ATLANTA GA 30341
US

1954 AIRPORT RD
SUITE 200
ATLANTA GA 30341
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/29/1990

5. FEI Number

59-2223025

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CPD	DYER, ALEXIUS A. III	1954 AIRPORT RD., SUITE 200	ATLANTA GA
VD	MURNANE, GEORGE III	1954 AIRPORT RD., SUITE 200	ATLANTA GA
VTS	ISAACSON, JAMES M	1954 AIRPORT RD., SUITE 200	ATLANTA GA
D	MUELLER, JAMES	1954 AIRPORT RD., SUITE 200	ATLANTA GA
D	KIRKLAND, KYLE FOGLEMAN, RONALD R.	11400 W. OLIMPIC BLVD., SUITE 24 406 SNOWCAP LANE	LOS ANGELES CA DUZANGO, CO 81301-3636
D	McElwee, Jr., F. DIXON	1145 EMPIRE CENTRAL PLACE	DALLAS, TX 75247

8. Name and Address of Current Registered Agent

CT CORPORATION
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE OF PETER F. SOUZA
REGISTERED AGENT MUST SIGN

Date 10/23/00

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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.

SIGNATURE:

SIGNATURE REQUIRED

10/12/00

770 455-7575

Date

Daytime Phone #