

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

00 JAN 31 AM 8:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000006492

1. Corporation Name AIRCRAFT TECHNICIAN MAINTENANCE CORP.

Principal Place of Business  
9809 N.W. 80th Avenue  
Bay 9-Q  
Hialeah Gardens, Fl. 33016

Mailing Address  
SAME

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

2. New Principal Office Address, If Applicable  
10208 N.W. 80th Avenue  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable  
10208 N.W. 80th Avenue  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida Jan. 22, 1993

City & State  
Hialeah Gardens, Florida  
Zip 33016 Country USA

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Hialeah Gardens, Florida  
Zip 33016 Country USA

5. FEI Number 65-0385383  
Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	Edgardo Ramos	110 S.W. 108th Avenue "H-5"	Miami, Florida 33174
VP	Hernan Ramos	15021 S.W. 145th Court	Miami, Florida 33186
STD	Julio Ramos	17721 S.W. 115th Avenue	Miami, Florida 33157
		800003127068-1 -02/08/00-01031-014 ***1208.75 ***1208.75	800003127068-1 -02/08/00-01031-013 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

Edgardo Ramos  
110 S.W. 108th Avenue  
Apt. H-5  
Miami, Florida 33174

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Members Not Acceptable)  
Suite, Apt. #, Etc.  
City  
State FL Zip Code

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

REGISTERED AGENT MUST SIGN

Date Jan 13, 2000

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/13/00

Date

305-556-3644

Daytime Phone #