

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -5 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000020494

1. Corporation Name

OPITZ AERO SYSTEMS, INC.

Principal Place of Business

225 ORLANDO RD
BELLEAIR ~~FL~~ FL 33756
US

Mailing Address

225 ORLANDO RD
BELLEAIR ~~FL~~ FL 33756
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/11/1994

5. FEI Number

59-3236186

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 |
|---------------|---|--|-------------------------|
| P | OPITZ, REINHARD | 225 ORLANDO RD | BELLEAIR FL 33756 |
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500008811315

11/05/02--01094--019 **150.00

8. Name and Address of Current Registered Agent

OPITZ, REINHARD
225 ORLANDO RD
BELLEAIR ~~FL~~ FL 33756

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

BELLEAIR

State

FL

Zip Code

CR2040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

Oct. 31/02

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
REINHARD OPITZ

Date

Oct. 31/02

Daytime Phone #

727
586-3669

OASYS AVIONICS
OPITZ AERO SYSTEMS, INC.
FAA Certified Repair Station No. OI7R070N

October 31, 2002

Enclosed please find our application for reinstatement and the \$150.00 filing fee.

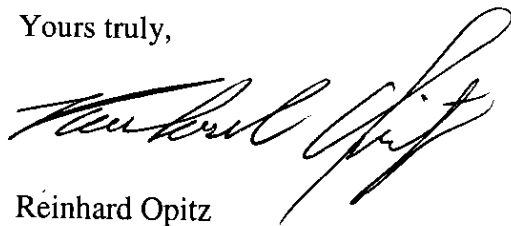
Please note that the mailing address is incorrect. The UBR was sent to Belleair Bluffs our city is Belleair. There is a Belleair Bluffs but that is not our town.

We did not receive the prior UBR notices.

Please correct the mailing address and reinstate this corporation.

Thank you for your help.

Yours truly,



Reinhard Opitz
President