PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
97 DEC 15 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PAID

REINSTATEMENT 97
DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000026634

1. Corporation Name

AEROCORP INC.

Mailing Address / Principal Place of Business

901 PONCE DE LEON BLVD.,
SUITE 501
CORAL GABLES, FL 33134

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

2. New Mailing Address, If Applicable
901 Ponce De Leon Blvd.
Suite, Apt. #, etc.
#501
City & State
Coral Gables, FL
Zip 33134 Country Dade

3. New Principal Office Address, If Applicable
901 Ponce De Leon Blvd.
Suite, Apt. #, etc.
#501
City & State
Coral Gables, FL
Zip 33134 Country Dade

4. Date Incorporated or Qualified To Do Business in Florida
4/7/94

5. F.E.I. Number
65-0482640
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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P.D.	MARQUEZ, SIXTO J.	901 Ponce De Leon Blvd., #501	Coral Gables, FL 33134
S.D.	VALLES, ERNESTO J.	901 Ponce De Leon Blvd., #501	Coral Gables, FL 33134

100002375741--1
-12/17/97--01108--018
****750.00 ****750.00

8. Name and Address of Current Registered Agent

ANDRES J. IRIONDO
881 OCEAN DR., #8A
KEY BISCAYNE, FL 33149

9. Name and Address of New Registered Agent

Name
ANDRES J. IRIONDO
Street Address (P.O. Box Number is Not Acceptable)
881 OCEAN DR.
Suite, Apt. #, Etc.
#8A
City KEY BISCAYNE State FL Zip Code 33149

CR2E045 6/94

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 Andres J. Iriondo Date 10/30/97
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box [ ] (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [X] (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Ernesto J. Valles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/97 Date
305 445-0011 Daytime Phone #