

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR -6 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000021956

1. Corporation Name

Advanced Aircraft Composites, Inc.

2. Principal Office Address

6121 Anno Avenue

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

Country

32809

3. Mailing Office Address

12845 N.W. 45th Avenue

Suite, Apt. #, etc.

City & State

OpaLocka, FL

Zip

Country

33054

4. Date Incorporated or Qualified

To Do Business in Florida 03/17/1995

5. FEI Number

650598605

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Richard L. Richards

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

2261 NW 67th Avenue

Suite, Apt. #, Etc.

Bldg. 700, Suite 214

City

Miami

State
FL

Zip Code
33122

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 3/5/01

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Davis, Kim	6121 Anno AVE.	Orlando, FL 32809
VD	Birbragher, Fernando	12845 N.W. 48 Ave.	OpaLocka, FL 33054
VS	Fine, Barry H.	2261 N.W. 67 Ave.	Miami, FL 33122
VT	Fine, J. Frank	2261 N.W. 67 Ave.	Miami, FL 33122

10. 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:

Barry H. Fine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/01

Date

(305) 871-6606

Daytime Phone #

CR2E081 (9/00)