

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE



Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 NOV -6 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000026226

1. Corporation Name

TOTAL AVIATION SERVICES, INC.

Principal Place of Business

Mailing Address

51 N.W. 128TH AVENUE
FT. LAUDERDALE FL 33325

51 N.W. 128TH AVENUE
FT. LAUDERDALE FL 33325

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

4. Date Incorporated or Qualified
To Do Business in Florida

04/03/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0568920

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	NARDINI, DONALD P	51 N.W. 128TH AVE.	FT. LAUDERDALE FL 33325
D	AARON, MARTIN L	2043 LOUISA LN 2511 LAST TEE CT.	MAITLAND FL 32751 LONGWOOD, FL 32779

000008833710
11/06/02--01108--007 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NARDINI, DONALD P
51 N.W. 128TH AVENUE
FT. LAUDERDALE FL 33325

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (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

11/1/02

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/1/02 954/723-9930

Total Aviation Services, Inc.

51 NW 128th Avenue

Ft. Lauderdale, FL 33325

November 4, 2002

Florida Department Of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314- 6327

Dear Sir or Madam:

We received your notice of administrative dissolution or revocation form in the mail. Please be advised that we have not received the two prior uniform business report notices. Many of us in this area have been experiencing repetitive problems in the receipt of mail, which has been reported to the local postmaster.

We respectfully request that the reinstatement fee be waived because of the above stated facts.

Enclosed please find a completed form and our check in the amount of \$150.

Thank you for your consideration of this request. We have always filed these reports in a timely manner in the past.

Sincerely,



Donald P. Nardini
President