

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

00 FEB 21 PM 1:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000009352

1. Corporation Name

REGAL AEROSPACE, INC.

2. Principal Office Address

10131 NW 46<sup>th</sup> St.

Suite, Apt. #, etc.

City & State

Sunrise, Florida

Zip

33351

Country

USA

3. Mailing Office Address

10131 NW 46<sup>th</sup> St.

Suite, Apt. #, etc.

City & State

Sunrise, Florida

Zip

33351

Country

USA

**REINSTATEMENT** 98-2000

SP

4. Date Incorporated or Qualified  
To Do Business in Florida

January 26, 1996

5. FEI Number

65-0641698

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Gary S. Maisel

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

600 South Andrews Ave.

Suite, Apt. #, Etc.

Suite 600

City

Fort Lauderdale

State  
**FL**

Zip Code

33301

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 2/18/00

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
President	Barnett Kravitz	2750 Ocean Club Blvd #102	Hollywood, FL 33019
Secretary	Robert Kravitz	7782 Granville Drive	Tamarac, FL 33321
			200003162972--E -03/03/00--01004--003 ***1050.00 ***1050.00  W00000004748

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-2000

Date

Daytime Phone #

954-741-1701