

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV 26 PM 5:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P96000043263**

**1. Corporation Name**

ASSA AIRLINE SUPPORT

**2. Principal Office Address**

10470 N.W. 26th STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33172

Country

DADE

**3. Mailing Office Address**

2121 PONCE DE LEON

Suite, Apt. #, etc.

SUITE #240

City & State

CORAL GABLES, FL

Zip

331334

Country

USA

**REINSTATEMENT 2001**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

MAY 21, 1996

**5. FEI Number**

65-0671101

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

GABRIEL PRATS

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

2121 PONCE DE LEON BLVD.

Suite, Apt. #, Etc.

SUITE # 240

City

CORAL GABLES

State  
FL

Zip Code  
33134

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 11-20-01

**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
DPS	GARCIA SIMEON	AV. BOLIVAR NORTE TORRE EXT.8	VALENCIA, VENEZUELA
DT	GARCIA MIGDALIA	AV. BOLIVAR NORTE TORRE EXT.8	VALENCIA, VENEZUELA
V	BUSTAMANTE GRACE	10470 N.W. 26th STREET	MIAMI, FLORIDA

**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)(l), 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]* GRACE BUSTAMANTE 11-01-01 786331733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2081 (9/00)