

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg 1 of 2

**CORPORATION  
REINSTATEMENT**



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

FILED

01 SEP 28 PM 2:04

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT #

796000046151

1. Corporation Name

Aviation Technologies, Inc.

2. Principal Office Address

3981 SW 30<sup>th</sup> Avenue

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33312

Country

USA

3. Mailing Office Address

3981 SW 30<sup>th</sup> Avenue

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33312

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

06/17/96

5. FEI Number

65-0665191

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

Anne Pennetta / Guardian Management

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

3106 Lillian Lane

Suite, Apt. #, Etc.

City

Coval Springs

State

FL

Zip Code

33063

000004642250--7

-10/18/01--0107--021

\*\*\*158.75 \*\*\*158.75

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

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	Gustavo L. Del Pozo	1633 SW 159 Avenue	Davie, Fl. 33326
T/S	Patricia Del Pozo	1633 SW 159 Avenue	Davie, Fl. 33326

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

Date

Daytime Phone #

Patricia Del Pozo

9/26/01 954-791-0470

CR20081 (9/00)



*Pg. 2 of 2*

September 26, 2001

To Whom It May Concern:

Please note that Aviation Technologies, Inc. moved from our previous address of 3601 W. Commercial Blvd. to our new address:

Aviation Technologies, Inc.  
3981 SW 30<sup>th</sup> Avenue  
Fort Lauderdale, FL 33312

Consequently, our corporation did not receive any of the notices you sent. They were returned by the postal service as undeliverable. We are requesting that all late fees be waived due to this error. Enclosed is our check for \$150.00. If you have any questions pertaining to this reinstatement application, please do not hesitate to call. We have confirmed all the above information with your reinstatement department.

We thank you in advance for your cooperation.

Sincerely,

Patricia Del Pozo  
Treasurer/Secretary