CA. ITAL CC ...ECTIC ... PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV -9 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****750.00 ****750.00

DOCUMENT # P96000076270

1. Corporation Name
Flight Spares, Inc.

Principal Place of Business	Mailing Address
3831 NW 60 Ct. Virginia Gardens, Fl 33166	3831 NW 60 Ct. Virginia Gardens Fl 33166

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	
Same as above		Same as above	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business In Florida: 9-12-96

5. FEI Number: 65-0696676 ☐ Applied For ☐ Not Applicable

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Dir. +	Pres	Dora Morales	901 SW 93 Place	Miami Fl. 33174
Dir. +	V.P.	Ihosvani Morales	"	"
Dir. +	Sec.	Carlos Arguello	3831 NW 60 Ct.	V. Gardens Fl 33166
			REINSTATEMENT 98 [illegible]	TB 11/13/98

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Fernando Jimenez 19754 NW 61 Ave Miami, Fl 33015	Name: Steven T. Scott Street Address (P.O. Box Number is Not Acceptable): 3831 NW 60 Ct. Suite, Apt. #, Etc. City: Virginia Gardens State: FL Zip Code: 33166

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.

Signature of Registered Agent: [signature] Date: Nov 4, 1998
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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] 11-5-98 305-887-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #