

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 25 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **897000018479**

1. Corporation Name

International Aerospace Solutions, Inc.

2. Principal Office Address

1041 SE 17th St., PH

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33316

Country

USA

3. Mailing Office Address

1041 SE 17th St., PH

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33316

Country

USA

REINSTATEMENT

02 03

4. Date Incorporated or Qualified

To Do Business in Florida 2/24/97

5. FEI Number

650741392

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

Kirk S. Mueller

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

1041 SE 17th Street

Suite, Apt. #, Etc.

Penthouse

City

Fort Lauderdale

State

FL

Zip Code

33316

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

Kirk S. Mueller

REGISTERED AGENT MUST SIGN

Date 11/20/03

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
Pres.	Kirk S. Mueller	1041 SE 17th St., PH	Fort Lauderdale, FL

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 filling 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:

Kirk S. Mueller

Kirk S. Mueller

11/20/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)