. 😺	PLEASE REAL	ALL INST	RUCTI	ONS BEFORE	COMPLET	ING TH	IS FORM.		104	
CORPORATION REINSTAT MEN:  FLORIDA DEPARTMENT S ATE  Kameri le 1  Sepret dy 1 St  DIVISION OF CORPORATIONS						FILED  OIMAR 16 PM 12: 52				
OCUMENT #P9700032289						SECREMARY OF STATE TAREAHASSEE, FL <b>ORIDA</b>				
Aircraft Support and Parts, Inc.									ŧ	
Principa	al Office Address	3. Mailing C	Office Addres	ss	1 .					
1188	80 W. State Road	84 11880	W. S	tate Road 84						
uite, Apt. #		Suite, Apt. #,		04.00 11000 04						
14		14	14			4. Date Incorporated or Qualified				
ity & State	•	City & State	City & State				April 0	1, 19		
Davi	le, Florida	Dav.	Davie, Florida			43760			ied For Applicable	
<sup>ip</sup> 3332	Country U.S.A.	Zip 33,32!	-	Country U.S.A.	6.	E OF STATUS		Additional F a Certificate	ee required	
		7. N	lame and A	ddress of Current Register	red Agent		•			
	Name  /Richard Du  Street Address (P.O. Box Number is  33 Cedar Wa  Suite, Apt. #, Etc.	2000038925325 -03/22/0101056004 ****308.75 ****308.75								
<u> </u>	city Cooper City			·		State <b>FL</b>	Zip Code 33025			
I, being ignature of egistered i	Agent	bove named corporate AGE REGISTERED AGE	nuf		bligations of section	оп 607.0505 Date	or 617.0503, F.S.	1R OI		
. Names	and Street Addresses of Each Officer a	and/or Director (Flo	orida nonpro	fit corporations must list at le	ast 3 directors)	· · · · · ·	- · · · · · · · ·			
Titles	Name of Officers and/or Directo	Street Address of Each Officer and/or Director			City / State / Zip					
Р/Т.	Richard Dumblosk	33 Cedar Way			Cooper City, FL 33025					
/P/S	John Delach	nue	Sunr	ise, FL 3	<u>33351</u>					

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

12 MAROJ

LS

(954)452-0750

Daytime Phone #

## Wolcott & Associates, P.A. Certified Public Accountants

Members of:

American Institute of Certified Public Accountants Florida Institute of Certified Public Accountants National Business Aviation Association - Tax Committee

March 13, 2001

Department of State Division of Corporations - Reinstatement Department Tallahassee, Florida 32314

Dear Michelle:

Aircraft Support and Parts, Inc. Re:

FEI Number 65-0743760

Reinstatement & Request for Waiver of Interest or Penalty.

Per our conversation, enclosed please find our client's Florida Corporation Reinstatement form, plus their check in the amount or \$308.75. The payment covers the reinstatement fee, plus a current Certificate of Status.

The Corporation didn't receive its annual filing form, due to a change of address. The address's listed on the reinstatement form are correct and current. Due to the problem with the address, we respectfully request waiver of any late filing penalty or interest. Thank you in advance for your cooperation.

Yours very truly,

Jod R. Wolcott, MBA

Certified Public Accountant

cc: Aircraft Support and Parts, Inc. Enclosures: Form & payment.

A Member of the Aviation Professionals Group