

# 2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000048360

**FILED**  
**Oct 01, 2010**  
**Secretary of State**

**Entity Name:** AVIASERVICE INTERNATIONAL CORP.

**Current Principal Place of Business:**

255 ALHAMBRA CIRCLE  
SUITE 500  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

255 ALHAMBRA CIRCLE  
SUITE 500  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 65-0756825

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARAGON REGISTERED AGENTS INC  
255 ALHAMBRA CIRCLE  
SUITE 500  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** MAYRA FERNANDEZ

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** S/D  
**Name:** VON FEDAK, LASZLO  
**Address:** AVE. HOSTOS COND. BAY SIDE NPH1 BUZON 142  
**City-St-Zip:** HATO REY, PR 00918

**Title:** VPTD  
**Name:** VON FEDAK, ISTVAN JR.  
**Address:** EDIFICIO LA PIRAMIDE PISO 2, OFICINA 208  
**City-St-Zip:** CARACAS VENEZUELA,

**Title:** P/D  
**Name:** VON FEDAK, ISTVAN SR.  
**Address:** EDIFICIO LA PIRAMIDE PISO 2, OFICINA 208  
**City-St-Zip:** CARACAS VENEZUELA,

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** ITSVAN VON FEDAK, JR.

VPTD

10/01/2010

Electronic Signature of Signing Officer or Director

Date