

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 99 MAY 18 AM 9:32

STATE OF FLORIDA

DOCUMENT # **P97000107463**

1. Corporation Name
AIRCRAFT MAINTENANCE & CONSULTING CORP.

Principal Place of Business: **6405 NW 36 ST MIAMI, FLA 33166**
 Mailing Address: **6405 NW 36 ST MIAMI, FLA 33166**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable: **12950 SW 128 ST UNIT 2 MIAMI FLA 33186 USA**
 3. New Mailing Office Address, If Applicable: **12950 SW 128 ST UNIT 2 MIAMI FLA 33186 USA**

4. Date Incorporated or Qualified To Do Business in Florida: **12/22/97**
 5. FEI Number: **65-0800847**
 6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**

REINSTATEMENT 98-99

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	TINOCO, ANGEL D	12950 SW 128 ST UNIT 2 MIAMI, FLA 33186	
D	MCNENIMAN, JAMES F	12950 SW 128 ST MIAMI, FLA 33186	
			700002905827--1 --06/15/99--01107--015 ****300.00 ****300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TINOCO, ANGEL D.
6405 NW 36 ST MIAMI, FLA 33166

Name: _____
 Street Address (P.O. Box Number is Not Acceptable): **12950 SW 128 ST**
 Suite, Apt. #, Etc.: **UNIT 2**
 City: **MIAMI, FLA 33186** State: **FL** Zip Code: _____

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]* REGISTERED AGENT MUST SIGN Date: **5/14/99**

11. This corporation owes 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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **5/14/99** Daytime Phone #: **3052546006**

CR2EOP (12/98)