

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 22 PM 12:46

DOCUMENT # *P98000000026*

1. Corporation Name

Aviation Components Technology, Inc.

2. Principal Office Address

2358 West 8th Lane

Suite, Apt. #, etc.

City & State

Hialeah, FL 33010

Zip

33010

Country

USA

3. Mailing Office Address

2358 West 8th Lane

Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip

33010

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/31/1997

5. FEI Number

65-0801568

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

Delia Angulo

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

4001 SW 129th Ave.

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33175

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

Date

REGISTERED AGENT MUST SIGN

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
PD	<i>Delia Angulo</i>	<i>4001 SW 129th Ave.</i>	<i>Miami, FL 33175</i>

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

Date

Daytime Phone #

CR2E061 (9/01)