

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P98000056809**

1. Corporation Name

**AIRNAV SPARES CORP.**

Principal Place of Business

**4308 ASHBY LANE  
TAMPA FL 33624**

Mailing Address

**4308 ASHBY LANE  
TAMPA FL 33624**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**06/22/1998**

5. FEI Number

**59-3519501**

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

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	4 City / State / Zip
<b>P</b>	<b>LEVY, JOEL</b>	<b>4308 ASHBY LANE</b>	<b>TAMPA FL 33624</b>

**400003493144--0**  
**-12/11/00--01030--005**  
**\*\*\*\*150.00 \*\*\*\*150.00**

8. Name and Address of Current Registered Agent

**GIORDANO, JOHN N  
220 SOUTH FRANKLIN STREET  
TAMPA FL 33602**

9. Name and Address of New Registered Agent

Name

**Joel Levy**

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

**4308 Ashby Lane**

Suite, Apt. #, Etc.

City

**Tampa**

State

**FL**

Zip Code

**33624**

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 REQUIRED**  
REGISTERED AGENT MUST SIGN

Date **10/31/00**

11. 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/31/00**

Date

**813 961 7349**

Daytime Phone #

CR2E040 (8/00)

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October 31, 2000

Department of State  
Division of Corporations  
P.O. Box #6327  
Tallahassee, Florida 32314

RE: Airnav Spares Corporation  
FEIN: 59-3519501  
FORM: Corporation Reinstatement

Dear Sir or Madam:

In reference to the above mentioned entity, please be aware that we never received any forms for annual filing or notification that the corporation would be dissolved.

Please accept our check in the amount of \$150.00 as payment and waive any late fees since no forms were ever received from you.

Thank you for your assistance in this matter.

Sincerely,

  
Joel Levy