

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

03-04



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -3 PM 6:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P48000064546
1. Corporation Name GLOBAL AIRPARTS, Inc.

2. Principal Office Address 6351 SW 153 CT RD
Suite, Apt. #, etc.

3. Mailing Office Address 6351 SW 153 CT RD
Suite, Apt. #, etc.

City & State Miami Florida
Zip 33193 Country USA

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Zip 33193 Country USA

4. Date Incorporated or Qualified To Do Business in Florida July 1998

5. FEI Number 650860152
Applied For Not Applicable

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

300035164053
05/03/04--01015--016 **900.00

7. Name and Address of Current Registered Agent

Name HECTOR GONZALEZ GUZMAN
Street Address (P.O. Box Number is Not Acceptable) 6351 SW 153 CT RD
Suite, Apt. #: Etc. ---
City MIAMI FL State FL Zip Code 33193

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 *[Signature]* Date 4/27/04
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	Hector Gonzalez Guzman	6351 SW 153 CT RD	MIA FL 33193

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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]* HECTOR GONZALEZ GUZMAN Date 4/27/04 305-527-4805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E061 (01/04)