


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000064682		
1. Entity Name AVIATION PROCUREMENT SPECIALISTS, INC.		

FILED

2005 SEP 26 PM 3:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 2517 NW 74 AVE. MIAMI, FL 33122	Mailing Address 2517 NW 74 AVE. MIAMI, FL 33122
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2. Principal Place of Business 6990 N.W. 25 ST. Suite, Apt. #, etc.	3. Mailing Address 6990 N.W. 25 ST. Suite, Apt. #, etc.
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09192005 REIN-P CR2E098 (6/04)

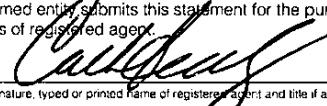
City & State Miami, Florida	City & State Miami, Florida
Zip 33122	Zip 33122
Country	Country

4. FEI Number 65-0854462	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FERNANDEZ, CARLOS 2517 NW 74 AVE MIAMI, FL 33122	
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7. Name and Address of New Registered Agent Name: FERNANDEZ, CARLOS Street Address (P.O. Box Number is Not Acceptable): 6990 N.W. 25 STREET. Miami FL Zip Code 33122	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: 9-17-05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, CARLOS 5228 SW 195 TERR MIRAMAR, FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000059962100 <input type="checkbox"/> Change <input type="checkbox"/> Addition 09/27/05--01011--001 ***300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: 	9-17-05 305477-3886
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone</small>

9/22/05