

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 DEC -1 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000082275

1. Corporation Name

FLIGHT SYSTEMS AVONICS, INC.

Principal Place of Business

Mailing Address

~~5757 BLUE LAGOON DRIVE, STE 220
MIAMI, FL 33126~~

~~5757 BLUE LAGOON DRIVE, STE 220
MIAMI, FL 33126~~

15001 NW 42ND AVE
OPA LOCKA AIRPORT
MIAMI, FL 33054

Same

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



REINSTATEMENT 99

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

09/21/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-040639

Not Applicable

Zip

Country

Zip

Country

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
D	OSCAR GOMEZ	981 SW 176 Ave	Pembroke Pines FL 33057
			100003071331--6 -12/15/99--01075--002 ***750.00 ***750.00
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOMEZ, OSCAR
5757 BLUE LAGOON DRIVE, STE 220
MIAMI, FL 33126

18331 Pines Blvd
PMB # 197
Pembroke Pines FL
33054

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] REGISTERED AGENT MUST SIGN

10/27/99

Date

305 953-5522

Daytime Phone #

CR2500 (8/99)