				•	
PLEASE READ	ALL INSTRUCTION	S BEFORE (	COMPLETING	3 THIS FORM.	. ^~
APPLICATION APPLICATION					palale
FOR	Secretary of State				O
REINSTATEMENT	EINSTATEMENT DIVISION OF CORPORATIONS			<b>,</b> .	
DOCUMENT # \$\text{P98000102002}			FILED		
1. Corporation Name			01 JUL 25 AH 10: 03		
MIANSA AERONAUTICAL-INDUSTRIAL			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Services toc. Principal Place of Business Mailing Address			1	TALLAHASSE	E. FLORIDA
9874 NW43 Terr	1874 NW43 Terr 9874 NW43 Tevr.				*
miami fl 33178 moon a 33178				•	
			99-61 UBA 3		
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			Date Incorporated		100
9580 NW 41 STREET Suite, Apt. #, etc.	9580.0W 4(	211001	To Do Business in 5. FEI Number	n Florida 13/8	198
City & State				909398	Applied For  Not Applicable
Zip 22 20 Country	Zip 72 170 Count	Ty	CEDTIFICATE OF 9		Additional Fee require
7. Names and Street Addresses of Each Officer and/o	23178	ations must list at long		for	a Certificate of Status
Title(s) Name of Officers and/or Directors	st 3 directors)	City / Stat	e / Zin		
	2 3 (Do NOT Use F				
Procel-Verez J	sé 9580 h	)W41 ST	reet n	niomi fl	33178
				,	
			40000		
				0453461 8/14/010108	<u>5U3U</u>
			**	***450.00 ***	**450 <b>.</b> 00
		<del></del>			
8. Name and Address of Current Re	gistered Agent	<u> </u>	9. Name and Addres	s of New Registered Ag	ent
Procel José Pro			cel-Vepez, Jose		
Procel, Jose Pager 9874 NW 43 Terr. Street Ager 95			O. Box, Number is Not Acceptable)		
Mismi, A 33178		Suite, Apt. #, Etc.	7400	<u> </u>	
Mism, 12 33110		City MI An	ท่	State	Zip Code 78
10. I, being appointed the registered agent of the above	named corporation, am familiar wit	th and accept the obti	gations of Section 607.		<u> </u>
Signature of Registered Agent			Date	· 7/16	0/
	STERED AGENT MUST SIGN		<u> </u>		
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No No (See other side for information on intangible tax.)					
12. I certify that I am an officer or director or the receiver	or trustee empowered to execute t	his application as prov	vided for in chapter 607	or 617, F.S. I further cer	tify 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.					
on this application is true and accurate, and my signa	ture shall have the same legal effer	ci as ii made under oa	aun.		
	سنه		7/11/2	1 /200/11/1	-0780
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Daytime Phone #					
ľ					

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## MIANSA AERONAUTICAL-INDUSTRIAL SERVICES, INC.

9580 NW 41TH STREET MIAMI, FL 33178 TEL. (305) 406-2280 FAX. (305) 406-2275

July 17, 2001

Fla. Dept of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Doc. # P98000102002

To Whom It May Concern:

Enclosed please find Application for Reinstatement for the above referenced corporation and our check for the amount of \$450.00.

Please consider waiving of the reinstatement fee because we moved from the original address in your records and there was a problem with the mail and we didn't receive any notifications.

We'll greatly appreciate your assistant to this matter.

Sincerely yours

Jose Rrocel-Yenez

President