

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000006372

1. Corporation Name

AERO MATERIAL SUPPORT, INC.

FILED

02 DEC 18 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

7341 NW 34th ST
Miami, FL 33122

7341 NW 34th ST
Miami, FL 33122



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

2. New Principal Office Address, If Applicable

7341 NW 34th ST

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33122

Country

USA

3. New Mailing Office Address, If Applicable

7341 NW 34th ST

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33122

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/21/1999

5. FEI Number

65-0888578

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	RAMIREZ, FRANCISCO	266 CANAL STREET SUITE 2 7341 NW 34th ST	MIAMI SPRINGS FL 33161 Miami FL 33122

REINSTATEMENT 02

900009560619
12/17/02--01059--011 **750.00

8. Name and Address of Current Registered Agent

RAMIREZ, FRANCISCO

266 CANAL STREET SUITE 2

MIAMI SPRINGS FL 33161

7341 NW 34th ST

Miami FL 33122

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/12/02

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

Date

12/12/02

Daytime Phone #

305-468-9206