

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

02 DEC 18 PM 4:10

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P99000006372**

1. Corporation Name

**AERO MATERIAL SUPPORT, INC.**

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~~

3. New Mailing Office Address, If Applicable

~~7341 NW 34th St~~

4. Date Incorporated or Qualified To Do Business in Florida

01/21/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

~~65-0888578~~

Applied For

Not Applicable

City & State

~~Miami FL~~

City & State

~~Miami FL~~

Zip

~~33122~~

Country

~~USA~~

Zip

~~33122~~

Country

~~USA~~

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)

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

12/12/02  
 Date

305-468-9206  
 Daytime Phone #

CR2E040 (8/02)