

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 NOV 18 AM 8:00

DOCUMENT # P99000006372

1. Corporation Name

AERO MATERIAL SUPPORT, INC.

Principal Place of Business

Mailing Address

7341 NW 34TH STREET
MIAMI FL 33122

7341 NW 34TH STREET
MIAMI FL 33122

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

REINSTATEMENT 03



000024795090
11/10/03 - 01008--020 **750.00

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

01/21/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0888578
~~65-0881978~~

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	7341 NW 34TH STREET	MIAMI FL 33122

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RAMIREZ, FRANCISCO
7341 NW 34TH STREET
MIAMI FL 33122

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

[Handwritten Signature]
REGISTERED AGENT MUST SIGN

Date

11/10/003

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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/10/003 305-468-9206

CR2E040 (7/03)