

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000010262

1. Corporation Name
RADEX AVIONICS CORP.

19612 NW 82ND PLACE
19612 NW 82ND PLACE

2. Principal Office Address
19612 NW 82ND PLACE

3. Mailing Office Address
19612 NW 82ND PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip Country
33015

Zip Country
33015

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 17 AM 8:00

300036521683
05/17/04--01069--019 **1350.00

REINSTATEMENT 08-04

4. Date Incorporated or Qualified
To Do Business in Florida 02/02/1999

5. FEI Number
65-0892141

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
EDUARDO R RODRIGUEZ

Street Address (P.O. Box Number is Not Acceptable)
19612 NW 82ND PLACE

Suite, Apt. #, Etc.

City
MIAMI

State Zip Code
FL 33015

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent x ERodriguez
REGISTERED AGENT MUST SIGN

Date x 5/13/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	EDUARDO R RODRIGUEZ	19612 NW 82ND PLACE	MIAMI, FL 33015
SVD	MARTHA C. RODRIGUEZ	19612 NW 82ND PLACE	MIAMI, FL 33015

10. 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)(l), 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: x ERodriguez Eduardo Rodriguez 2. v 5/13/04 x 305 5826427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)