

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 NOV -5 AM 9:51

DOCUMENT # P99000044070

1. Corporation Name

MILLENNIUM AERO PARTS, INC.

Principal Place of Business

Mailing Address

STE 113  
4115-G N.W. 132ND STREET  
OPA LOCKA, FLORIDA 33054

STE 113  
4115-G N.W. 132ND STREET  
OPA LOCKA, FLORIDA 33054



REINSTATEMENT

13 01

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

4. Date Incorporated or Qualified  
To Do Business in Florida

05/14/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0919936

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	KANNER, MICHAEL	720 NE 175TH STREET	MIAMI FL 33162
CEO	KASZLE, WARREN	17221 NE 13TH AVE	MIAMI FL 33162

5000004703505--5  
-12/04/01--01024--011  
\*\*\*\*758.75 \*\*\*\*758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

B & C CORPORATE SERVICES, INC.  
201 S BISCAYNE BLVD SUITE 3000  
MIAMI FL 33131

Name

B & C CORPORATE SERVICES, INC.

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

201 S BISCAYNE BOULEVARD, SUITE 3000

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33131

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.

B & C CORPORATE SERVICES, INC.

Signature of  
Registered Agent

By:

ANNA SALGADO, VICE PRESIDENT

Date

October 30, 2001

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:

ANNA SALGADO, VICE PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/18/01 305 688 2908

CR2E040 (8/01)