

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED

pg 182

JUL 25 PM 2:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000051633

1. Corporation Name

AV8 AERONAUTICAL Spares, Inc.

Principal Place of Business

9874 NW 43 Terr.  
Miami, FL 33178

Mailing Address

9874 NW 43 Terr.  
Miami, FL 33178

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

2. New Principal Office Address, If Applicable

9580 NW 41 STREET

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

9580 NW 41 STREET

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

6/8/99

5. FEI Number

65-0930560

Applied For

Not Applicable

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

City & State  
MIAMI, FL

Zip  
33178

Country  
USA

City & State  
MIAMI, FL

Zip  
33178

Country  
USA

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Jose Procel-Yepez	9580 NW 41 STREET	Miami, FL 33178
			200004510542--4 -08/01/01--01017--001 ***\$300.00 ***\$500.00

8. Name and Address of Current Registered Agent

PROCEL-YEPEZ, JOSE  
9874 NW 43 rd Terr.  
Miami, FL 33178

9. Name and Address of New Registered Agent

Name Procel-Yepez, Jose  
Street Address (P.O. Box Number is Not Acceptable)  
9580 NW 41 STREET  
Suite, Apt. #, Etc.  
City Miami State FL Zip Code 33178

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.

Signature of Registered Agent

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date

7/16/01

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes  No

(See other side for information on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/16/01 (305) 406-2280

Pg 282

**AV8 AERONAUTICAL SPARES, INC.**

9580 NW 41TH STREET  
MIAMI, FL 33178  
TEL. (305) 406-2280  
FAX. (305) 406-2275

July 17, 2001

Fla. Dept of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Doc. # P99000051633

To Whom It May Concern:

Enclosed please find Application for Reinstatement for the above referenced corporation and our check for the amount of \$300.00.

Please consider waiving of the reinstatement fee because we moved from the original address in your records and there was a problem with the mail and we didn't receive any notifications.

We'll greatly appreciate your assistant to this matter.

Sincerely yours,

  
Jose Procel-Yepez  
President