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DI EASE DEAD	ALL INICTOLICTIONS	e BEEADE (NO THIS EC)DM	
APPLICATION FOR	ALL INSTRUCTION FLORIDA DEPARTMI Sandra B. Mo Secretary of	ENT OF STATE	T 414-7-7-1		9182	
REINSTATEMENT	DIVISION OF CORP	ORATIONS	1. 111 05	Dtt 2+26		
DOCUMENT # P99 000	051633		di JUL 25			
AV8 AERON	PAUTICAL Spa	mes, Ive	SECHETARY PALLAHASSEE	FLORID		
Principal Place of Business 9874 NW43 Two.	Mailing Address 9874 NW 43	Terr.	[,		
Mismi, FC 33178	Mismi, FL	33/18		i		
If above addresses are incorrect in any way, line thro	ough incorrect information and enter			!		
Suite, Apt. #, etc. Suite, Apt. #, etc.		FI STREET	4. Date Incorporated or Qualified To Do Business in Florida 6/8/99 5. FEI Number			
City & State				930560	Applied For Not Applicable	
Zip 33178 Country USA	zip 33.178 Count	IN USA	6. CERTIFICATE C	F STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/o	r Director (Florida nonprofit corpor		st'3 directors)			
Title(s) Name of Officers and/or Directors	Fitte(s) Name of Officers Street Address and/or Directors Officer and 2 3 (Do NOT Use Post Co			4	City / State / Zip	
P Jose Procel- Ve	pez 9580 No	W 41 Stn	eet !	Miami,	FL 33178	
			2001	004510	05424 01017001	
				**************************************	**************************************	
·						
8. Name and Address of Current Registered Agent Name			9. Name and Address of New Registered Agent			
PROCEL-YEPEZ, JOSE PSTEET AND STREET AND 9874 NW 43 NOTEN.			SS (P.O. Box Nurtiber is Not Acetpitable)			
Suite			9580 NW 41 STREET Suite, Apt. #, Etc.			
Miami, FL 33/	City Migmi State Zip Code FL 33/78					
10. I, being appointed the registered agent of the pove named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of						
Registered Agent	STERED AGENT MUST SIGN			Date	(01	
11. This corporation owes or has Intangible Personal Property		Yes 🔲	No 🏻		ner side for information, intrangible tax.)	
12. I certify that I am an officer or director or the receiver this reinstatement application, the reason for dissolut owed by the corporation have been paid and the nar on this application is true and accurate, and my signal	ion has been eliminated, the corpor nes of individuals listed on this form	rate name satisfies the n do not qualify for an	e requirements of se exemption under s	ection 607,0401 or 6	617.0401, F.S., that all fees	
SIGNATURE: SIGNATURE AND TYPED OF PRINT	ED NAME OF SIGNING OFFICER OR D	IRECTOR		7 116 0 ((30%) 406-2280 Daytime Phone #	

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