

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE

00 NOV 17 PM 3:32

DOCUMENT # P99000069249

1. Corporation Name

A M P AIRCRAFT MAINTENANCE PARTS, INC.

Principal Place of Business

Mailing Address

4485 NW 36TH STREET, STE D-E  
MIAMI SPRING FL 33166

4485 NW 36TH STREET, STE D-E  
MIAMI SPRING FL 33166



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

08/04/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0938464

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
PD	GUERRERO, ANDRES	37 SALAMANCA AVE. #D	CORAL GABLES FL 33134
STD	GONZALES, MIGUEL	37 SALAMANCA AVE. #D	CORAL GABLES FL 33134

600003487846--6  
-12/05/00--01075--019  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GUERRERO, ANDRES  
1080-94 STREET APT. 307  
BAY HARBOR FL 33154

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.

Signature of  
Registered Agent

*Andres Guerrero*  
REGISTERED AGENT MUST SIGN

Date 11/15/00

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:

*Miguel Gonzales*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-15-00 (305) 884-4884  
Date Daytime Phone #

CR2E040 (8/00)

2

Dated: November 8, 2000

To: Florida Department of State

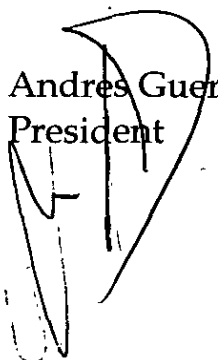
From: A M P Aircraft Maintenance Parts, Inc.

Ref: 2000 Uniform Business Report

I received an application for reinstatement of my company and had not received any applications for the 2000 Uniform Business report prior to this one. I ask that you do not dissolve my corporation due to the fact that I never received the prior reports. Included with this letter is also the application for reinstatement. Included is the \$150.00 regular fee for the report.

Thank you for your understanding,

Andres Guerrero  
President

A handwritten signature in black ink, appearing to be 'AG' or similar, written over the printed name and title.