

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P99000087337**

1. Corporation Name

**ATLANTIC AIRCRAFT CENTER, INC.**

Principal Place of Business

10030 S.W. 42ND TERRACE  
MIAMI FL 33165

Mailing Address

10030 S.W. 42ND TERRACE  
MIAMI FL 33165

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	10/04/1999
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number	Applied For
City & State	City & State	65-0953124	Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED	<input type="checkbox"/> \$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
SD	FUENTES, DAVID	10030 S.W. 42ND TERRACE	MIAMI FL 33165
TD	SALAZAR, ALEJANDRO J	15304 SW 111TH STREET	MIAMI FL 33196
PD	RODRIGUEZ, MIGUEL A	15601 S.W. 137TH AVE #266	MIAMI FL 33177
		900004880189--9 -02/05/02--01043--007 ****600.00 ****600.00	
		900004880189--9 -02/05/02--01043--008 ****150.00 ****150.00	

8. Name and Address of Current Registered Agent

FUENTES, DAVID  
10030 S.W. 42ND TERRACE  
MIAMI FL 33165

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date **NOV 9, 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: **ALEJANDRO SALAZAR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**NOV 9-2001 (305) 255-4222**

Date

Daytime Phone #

CR2E040 (8/01)