

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P99000095243

1. Corporation Name

WORLDWIDE AVIATION DISTRIBUTORS, INC.

Principal Place of Business

Mailing Address

~~10805 NORTH KENDALL DR.  
MIAMI FL 33176~~

~~10805 NORTH KENDALL DR.  
MIAMI FL 33176~~

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

Suite, Apt. #, etc.

3420 Bird Avenue

Suite, Apt. #, etc.

3420 Bird Avenue

City & State

Miami, FL

City & State

Miami, FL

Zip

33133

Country

USA

Zip

33133

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/28/1999

5. FEI Number

65-0959889

Applied For

Not Applicable

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
1	2	3	4
<del>D</del>	<del>HERRERA, JOSE</del>	<del>10805 NORTH KENDALL DR.</del>	<del>MIAMI FL 33176</del>
DP	Confalone, James	3420 Bird Avenue	Miami, FL 33133

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800003192878--3  
-03/27/01-01096-009  
\*\*\*158.75 \*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~HERRERA, JOSE~~  
~~10805 NORTH KENDALL DR.~~  
~~MIAMI FL 33176~~

Name

James Confalone

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

3420 Bird Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33133

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

*James Confalone*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 2/13/01

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:

*James Confalone*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Confalone

2/13/01

Date

Daytime Phone #

CR2E040 (8/00)