

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAR 22 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT# **P99000102341**

1. Corporation Name

AIRCRAFT TECHNICAL SUPPLY INC.

2. Principal Office Address

12447 NW 7 ST

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Fl. 33182

City & State

Zip

Country

Zip

Country

REINSTATEMENT 00-02

4. Date Incorporated or Qualified
To Do Business in Florida

11-23-99

5. FEI Number

65-0964006

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

SEE Additional Fee required
for Certificate of Status

7. Name and Address of Current Registered Agent

Name

Victor Manuel Uriarte

300005180688-1

-04/01/02--01084--029

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

12447 NW 7 ST

*****1050.00 *** 050.00**

Suite, Apt. #, Etc.

City

Miami Fl. 33182

State

FL

Zip Code

33182

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Victor Manuel Uriarte

REGISTERED AGENT MUST SIGN

Date **3-5-02**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PDT	Blanca A Iwanaga,	12447 NW 7 ST	Miami Fl.33182

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)(b), 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

Blanca A Iwanaga

Date **3-5-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #