

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
FILED

Pg 1 of 2

00 OCT 13 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **S 00120**

1. Corporation Name

AVIATION COMPOSITES SERVICES, INC.

2. Principal Office Address

7860 N.W. 76 AVE.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33166

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

SEPT. 1990

5. FEI Number

22-3083356

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CORPORATION-SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State
FL

Zip Code

32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of
Registered Agent

BRIAN COURTNEY, ASST. VP.

Date

REGISTERED AGENT MUST SIGN

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
P S	ADRIENNE COLLINS	2775 MEADOWOOD DR.	WESTON FL 33332
T D	ALLAN BAKSH	2671 FOREST DRIVE	MIRAMAR FL 33025
D	LARRY SCHWARTZ	2300 GLADES ROAD	BOCA RATON FL
			600003424186--3

10. 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:

[Signature]

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



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ACCOUNT NO. : 072100000032

REFERENCE : 862929 *Patricia Pujols* 7227744

AUTHORIZATION :

COST LIMIT : \$ 758.75

ORDER DATE : October 13, 2000

ORDER TIME : 11:18 AM

ORDER NO. : 862929-005

CUSTOMER NO: 7227744

CUSTOMER: Ms. Sylvia Refojo
Aviation Composites Services,
7860 Nw 76th Avenue

Miami, FL 33166

DOMESTIC FILINGS

NAME: AVIATION COMPOSITES SERVICES,
INC.

RECEIVED
00 OCT 13 PM 12:28
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds EXT 1133
EXAMINER'S INITIALS _____