

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 839914

1. Corporation Name

Aviation Service & Parts Corporation

2. Principal Office Address

1228 W 80 st.

3. Mailing Office Address

1228 W 80 st.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

Hialeah, FL

Zip

33014

Country

Dade

Zip

33014

Country

Dade

REINSTATEMENT 9504

4. Date Incorporated or Qualified
To Do Business in Florida

1991

5. FEI Number

650-250444

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

Hernan Organvitez

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

1228 W 80 Street

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33014

400041915464
10/18/04--01004--018 **2100.00

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

Hernan Organvitez

REGISTERED AGENT MUST SIGN

Date 10/4/04

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	Hernan Organvitez	1228 W 80 st	Hialeah, FL 33014
VP	Hernan Organvitez Jr.	" "	" "
D	Rita Maite Organvitez	" "	" "

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:

Hernan Organvitez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hernan Organvitez 10/4/04 (305) 558-9534

Date

Daytime Phone #

CR2001 (01/04)