

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 23 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S89899**

1. Corporation Name

AVIATION CONCEPTS, INC.

Principal Place of Business

Mailing Address

5259 NW 108TH AVE
SUNRISE FL 33357
US

5259 NW 108 AVE
SUNRISE FL 33351
US

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

10/25/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0291228

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	WOOD, DEAN J	3847 SW 180 TERR	MIRAMAR FL 33029

800024056548
10/23/03--01083--025 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WOOD, DEAN J.
5259 NW 108TH AVE
SUNRISE FL 32351

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-17-03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dean J. Wood
Dean J. Wood

Date

Daytime Phone #

10-17-03 954-
748-9911

CR2E040 (7/03)

Aviation Concepts, Inc.

5259 N.W. 108th Avenue
Sunrise, FL 33351

Thursday, October 16, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Aviation Concepts, Inc.
Document#s89899
Form: UBR
Year: 2003

Dear Sir or Madam:

Enclosed please find the above referenced client's annual fee of one hundred fifty dollars (\$150.00) for the 2003 annual report. We received your application for reinstatement, which my client has signed, however we are asking that you abate all penalties. We are not in receipt of the original report and our bookkeeper that was responsible for the accounts payable left our company this past June. Your understanding and cooperation in abating all penalties is appreciated. We look forward to hearing from you.

Sincerely,



Mr. Dean Wood

Encl. - Annual Reports
Check # 26371