

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # V07365

1. Corporation Name

AIRCRAFT PARTS SALES, INC.

99 FEB 10 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**3775 NW 145 ST
BLDG 411
OPA LOCKA FL 33054
US**

Mailing Address

**3775 NW 145 ST BLDG 411
OPA LOCKA FL 33054
US**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable
601 Brickell Key Drive

Suite, Apt. #, etc.

Suite #705

City & State

Miami, Florida

Zip

33131

Country

US



REINSTATEMENT

08-99

4. Date Incorporated or Qualified
To Do Business in Florida

01/16/1992

5. FEI Number

65-0320333

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	ARELLANO, PATRICK	15801 LANCE POINT PLACE	DAVIE FL 33331
		16460 South Post Rd. Unit 103	Weston, Fla 33331
S	Bajandas, Ricardo	601 Brickell Key Drive Suite # 705	Miami, Fla 33131
			02/25/99-010905-0115 ****250.00 ****250.00
			02/25/99-011095-0115 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

**ARELLANO, PATRICK
15801 LANCE POINT PLACE
DAVIE FL 33331**

9. Name and Address of New Registered Agent

Name
De la Pena, Villanueva & Bajandas, LLP.

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

601 Brickell Key Drive

Suite, Apt. #, Etc.
Suite # 705

City
Miami

State
FL

Zip Code
33131

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

[Signature]

REGISTERED AGENT MUST SIGN

Date: **2/2/99**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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]

Ricardo Bajandas, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/99

Date

(305) 377-0909

Daytime Phone #

CR2E040 (9/98)