


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F98000000259 1. Entity Name CAE SIMUFLITE INC.	
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FILED
05 AUG -1 AM 9: 23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 2929 WEST AIRFIELD DRIVE DALLAS/FT.WORTH AIRPORT, TX 75261	Mailing Address 2929 WEST AIRFIELD DRIVE DALLAS/FT.WORTH AIRPORT, TX 75261
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address PO Box 619119 Suite, Apt. #, etc.
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07212005 REIN-P CR2E098 (6/04)

City & State DFW Airport, TX	City & State DFW Airport, TX	4. FEI Number 06-1462730	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 75261	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PT ROBERTS, JEFFREY <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, JEFFREY	NAME	
STREET ADDRESS	2929 WEST AIRFIELD DRIVE	STREET ADDRESS	
CITY-ST-ZIP	DALLAS/FT.WORTH AIRPORT, TX 75260	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLMAND, DAVID	NAME	
STREET ADDRESS	2929 WEST AIRFIELD DRIVE	STREET ADDRESS	4908 Tampa West Boulevard
CITY-ST-ZIP	DALLAS/FT.WORTH AIRPORT, TX 75260	CITY-ST-ZIP	Tampa, FL 33634
TITLE	D <input type="checkbox"/> Delete	TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREDERICK, G	NAME	
STREET ADDRESS	4908 TAMPA WEST BOULEVARD	STREET ADDRESS	100058107331
CITY-ST-ZIP	TAMPA, FL 33634	CITY-ST-ZIP	08/01/05--01057--008 ***300.00
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RENAUD, PAUL	NAME	Tom Stelter
STREET ADDRESS	4908 TAMPA WEST BOULEVARD	STREET ADDRESS	2929 West Airfield Dr
CITY-ST-ZIP	TAMPA, FL 33634	CITY-ST-ZIP	Dallas/Ft Worth Airport, TX 75261
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONTIDIS, NICK	NAME	
STREET ADDRESS	4908 TAMPA WEST BOULEVARD	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33634	CITY-ST-ZIP	
TITLE	CFO <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YEAGER, ARTHUR	NAME	
STREET ADDRESS	4908 TAMPA WEST BOULEVARD	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33634	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas R. Stelter 7-25-05 972-456-823-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #