

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV 19 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P10074

1. Corporation Name

EADS North America, Inc.

REINSTATEMENT 03

700024844607
11/19/03--01012--012 **750.00

2. Principal Office Address

815 Connecticut Ave. NW

Suite, Apt. #, etc.

700

City & State

Washington, DC

Zip

20006

Country

USA

3. Mailing Office Address

815 Connecticut Ave. NW

Suite, Apt. #, etc.

700

City & State

Washington, DC

Zip

20006

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12 May 1986

5. FEI Number

13-1833529

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

CT Corporation System

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

1200 S. Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

ANUSHA PUTTY

REGISTERED AGENT MUST SIGN

VP - ASST. SEC.

Date

11/11/03

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
D/CEO	Ralph D. Crosby, Jr.	815 Connecticut Ave NW #700	Washington, DC 20006
D/Sr. Ad	Manfred von Nordheim	815 Connecticut Ave NW #700	Washington, DC 20006
VP/COO	Gregory H. Bradford	815 Connecticut Ave NW #700	Washington, DC 20006
Asst.S	Pierre Clerc-Renaud	815 Connecticut Ave NW #700	Washington, DC 20006
CFO	Christopher Emerson	815 Connecticut Ave NW #700	Washington, DC 20006
GC	Pierre Cardin	815 Connecticut Ave NW #700	Washington, DC 20006

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 Nov: '03 (202)776-0988

Date

Daytime Phone #

CR2E081 (10/02)