PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION Katherine Harris** FILFD FOR -Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 00 MAY -8 AM 7: 32 DOCUMENT # **P9800009**12**5**4 SECRETARY OF STATE Corporation Name TALLAHASSEE, FLORIDA AIAINAUTICAL, INC. Principal Place of Business Mailing Address 7550 SE BRIDLE RD HOBE SOUND, FL **NSTATEMENT** 99 If above addresses are incorrect in any way, line through incorrect information and enter correction below. New Mailing Office Address, If Applicable 2. New Principal Office Address. If Applicable Date Incorporated or Qualified To Do Business in Florida 7550 SE BRIDLE RD Suite, Apt. #, etc. 11-1-98 Suite: Apt: #: etc: 5. FEI Number Applied For 65-087503B Not Applicable FL HORE HOBE SOUND にし CERTIFICATE OF STATUS DESIRED 33455 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each and/or Directors Officer and/or Director City / State / Zip Title(s) (Do NOT Use Post Office Box Numbers) BSIB SE SHARON FLORIDA 33455 HOBE SOUND RAYMOND R MCCALL JR **BKEZ** 33455 HORE SOUND .FL SEC R WHYNE SEFFERS 4969 OLD WINTER GARDEN RD ORLANDO, FLORIDA TRES WINTER GARDEN, FLORIDA 34787 MARK PISCHER 207 ENSI DIVISION ST **700003296797--**-06/20/00--01038--023 ****909.75 ****90<u>8</u>.75 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name RAYMOND R Mechu Street Address (P.O. Box Number is Not Acceptable) <u>8518</u> <u>SE</u> SHARON ST Suite, Apt. #, Etc. Zip Code State City Sound HOBE 10. It being appointed the registered agent of the above named corporation, an familiar with and accept the obligations of Section 607.0505. F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. This corporation owes the current year (See other side for informatic on intangible tax Intangible Personal Property Tax due June 30. 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 the face filling 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. Takes these 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(3.4). F.S. The information individuals on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: RAYMOND R MCCALL JR \$4 2000 S61-546-4448
PROSIDENT