

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT 19 PM 3:55

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # *F0300000573V*

1. Corporation Name
AIRCRAFT EQUIPMENT CORP
940 SOUTH OYSTER BAY RD.
HICKSVILLE NEW YORK 11801-3518

2. Principal Office Address
940 S. OYSTER BAY RD

3. Mailing Office Address
940 S. OYSTER BAY Road

Suite, Apt. #, etc.

City & State
Hicksville NY *Hicksville N.Y*

Zip Country Zip Country
11801 *USA*

REINSTATEMENT *04-05*

4. Date Incorporated or Qualified To Do Business in Florida
11/17/03

5. FEI Number
13-2560325

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)
1101 HAYS STREET 200061086802

Suite, Apt. #, Etc.
*11/02/05--01004--012 **750.00*

City State Zip Code
TALLAHASSEE FL 32301-2835

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 *Cynthia L. Harris* **Cynthia L. Harris** as its agent Date *10/18/05*

REGISTERED AGENT MUST SIGN

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
<i>CP</i>	<i>MATHEW LOBMAN</i>	<i>26 OVERLOOK DR</i>	<i>LAUREL Hollow NY 11791</i>
<i>VP</i>	<i>RICHARD POWERS</i>	<i>36 4th ST.</i>	<i>HICKSVILLE NY 11801</i>
			<i>200061086802</i>
			<i>11/02/05--01004--013 **150.00</i>

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: *Matthew Lobman PRES.* *10/14/05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #