FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 FEB 24 PM 2:39

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F98000003258

1. Entity Name
GAB ROBINS AVIATION LIMITED CO.

(F98000003258P)

Principal Place of Business	Mailing Address
4620 NORTH STATE ROAD 7, STE. 200 FORT LAUDERDALE, FL 33319	4620 NORTH STATE ROAD 7, STE. 200 FORT LAUDERDALE, FL 33319

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4620 North State Rd.7	4620 North State Rd.7
Suite, Apt. #, etc.: Suite 201	Suite, Apt. #, etc.: Suite 201
City & State: Fort Lauderdale, FL	City & State: Fort Lauderdale, FL
Zip: 33319 Country: USA	Zip: 33319 Country: USA

02042009 REIN-P CR2E098 (1/07)

4. FEI Number: 52-2102256 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOLINA, AMELIE 4620 NORTH STATE ROAD 7, STE. 201 FORT LAUDERDALE, FL 33319	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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: Amelie Molina Feb. 23, 2009
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DE LA MORINERIE, PATRICK 3 RUE VERDI PARIS, FRANCE, 75016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900144313749 02/24/09--01043--011 **900.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOD BES, PHILIPPE 23 ARGYLL RD. LONDON, UK, w8 7da	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MICHAEL D JONES 85 GRANDISON ROAD LONDON SW11 6LT ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEMANSKI, LUCIEN SANDYLANDS, 50 CRANLEY RD BURNWOOD PARK WALTON. ON kt125bs	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR TREVOR J LIGHT CHERITON LODGE, LOWER NORTON LANE, BUCKLAND, KENT ME9 9LB ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAURENCE, RIGBY K SANSARY 82 LAWEEN RD GUIFORD SURREY, gui155	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO KIERAN L RIGBY 45 ASTONVILLE STREET, SOUTHFIELDS LONDON SW18 5AN ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 08-09KS	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 20/02/09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #