

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 JUN 24 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H65719

1. Corporation Name

Canadian Aerospace Group International, Inc.

2. Principal Office Address - No P.O. Box #

390 North Orange Avenue

3. Mailing Office Address

390 North Orange Avenue

Suite, Apt. #, etc.

Suite 1500

Suite, Apt. #, etc.

Suite 1500

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32801

Country

USA

Zip

32801

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/03/1985

5. FEI Number
650691432

☐ 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

Gary D. Lipson

Street Address (P.O. Box Number is Not Acceptable)
390 North Orange Avenue

Suite, Apt. #, Etc.
Suite 1500

City

Orlando

State
FL

Zip Code
32801

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date June 22, 2009

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
R	Gary D. Lipson	390 N. Orange Ave, Suite 1500	Orlando, FL 32801

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 contained in Chapter 119, 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:

GARY D. LIPSON, AS RECEIVER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 22, 2009

Date

Daytime Phone #

200157696472
06/24/09 01037-005 **900.00

7/200