

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUN -7 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # T66655

1. Corporation Name

AVIOR TECHNOLOGIES, INCORPORATED

2. Principal Office Address

613 OCEAN DRIVE

Suite, Apt. #, etc.

APT 9D

City & State

KEY BISCAVNE FL

Zip

33149

Country

USA

3. Mailing Office Address

613 OCEAN DRIVE

Suite, Apt. #, etc.

APT 9D

City & State

KEY BISCAVNE, FL

Zip

33149

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/06/1987

5. FEI Number

59-2788996

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

MICHAEL G. NEARING

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

613 OCEAN DRIVE

Suite, Apt. #, Etc.

APT 9D

City

KEY BISCAVNE

State
FL

Zip Code

33149

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

[Signature]

Date JUNE 4, 2006

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
D/P	MICHAEL G. NEARING	613 OCEAN DR. APT 9D	KEY BISCAVNE, FL 33149

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:

[Signature]

MICHAEL G. NEARING

Date

JUNE 4, 2006

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR