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PLEASE READ AND STRICTLY FOLLOW COMPLETING OF THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 JUL 30 PM 4:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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DOCUMENT # 00000013626

1. Limited Liability Company's Name

ULTIMATE AIRCRAFT COMPOSITES, LLC

DOCUMENT NUMBER: L00000013626

2. Principal Office Address

3420 N.W. 53rd St.

State, Apt. #, etc.

3. Mailing Office Address

9 Selina Court

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Glen Cove, NY

Zip

33309

Country

Zip

11542

Country

Nassau

1/30 2001-2002

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

11/1/2000

6. FEI Number

65-1064149

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee Required for Certificate of Status

8. Name and Address of Current Registered Agent

Name

NationsCorp Registered Agents, Inc.

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

526 E. Park Avenue

State, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32314

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

David S. Goett

DAVID S. GOETT REGISTERED AGENT MUST SIGN

Date 6/13/2002

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MBR	Christopher Sparacino	9 Selina Court	Glen Cove, NY 11542

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

Christopher Sparacino

Date

6/13/02

Daytime Phone #

954-484-8799

Typed or printed name of signing Managing Member/Manager

Christopher Sparacino

CREC01 (8/01)