

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

99 OCT 19 AM 7:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L61822

1. Corporation Name
ALLIED AVIATION, INC.

Principal Place of Business

2101 BARNSTORMER RD.
JACKSONVILLE FL 32218
US

Mailing Address

P.O. BOX 18383
JACKSONVILLE FL ~~32218~~
US
32229



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/26/1990	
City & State		City & State		5. FEI Number	
Zip		Country		65-0209322	
Zip		Country		Applied For	
32229		US		Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CDV	WATSON, MICHAEL A	2101 BARNSTORMER RD	JACKSONVILLE FL 32220 32218
PD	MAY, JULIAN C Delete	2101 BARNSTORMER RD. Delete	JACKSONVILLE FL 32220 Delete
SD	WATSON, LAWRENCE A	1584 RAYMORE ST 494 GEPHART STREET, S.W.	PALM BAY FL 32907 32908
TD	MASON, H. LAWRENCE	432 ST. JOHNS DRIVE	SATELLITE BEACH FL 32837

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10/27/99--01032--007
***758.75 ***758.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
WATSON, LAWRENCE A 100 W NASA BLVD. MELBOURNE FL 32901		Name: MICHAEL A. WATSON Street Address (P.O. Box Number is Not Acceptable): 2101 BARNSTORMER ROAD Suite, Apt. #, Etc.: City: JACKSONVILLE State: FL Zip Code: 32218	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0503, F.S.
Signature of Registered Agent: *[Signature]* Date: 10/13/99
REGISTERED AGENT MUST SIGN

11. 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: *[Signature]* MICHAEL A. WATSON Date: 10/13/99 Daytime Phone #: 904/741-8089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR