

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **PA5000047922**

1. Corporation Name
AIRBORNE INNOVATION TECHNOLOGIES, INC.
 W94 - 346

Principal Place of Business Mailing Address
598A HERNDON AVE
ORLANDO, FL. 32803

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 06/13/95	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3324293	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DIR PRES	HURT WILLIAM C.	341 N. Maitland Ave Maitland, FL 32751	
			400002771614--7 -02/10/99--01060--005 ***908.75 ***908.75
			400002771614--7 -02/10/99--01060--006 ***150.00 ***150.00

8. Name and Address of Current Registered Agent JATICH PHILIP 341 NORTH MAITLAND AVE SUITE 340 MAITLAND, FL. 32794-		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent: *[Signature]* REGISTERED AGENT MUST SIGN Date: **12/4/98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other information on intangible tax.)

12. 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]* **William C. Hurt**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PRESIDENT
 Date: **11/30/98** Daytime Phone #: **(407) 878-3606**

CR20040 (1998)