PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State **DIVISION OF CORPORATIONS**

P97000050386 DOCUMENT #

1. Corporation Name

PHOENIX AVIATION SERVICES, INC.

Principal Place of Business

Mailing Address

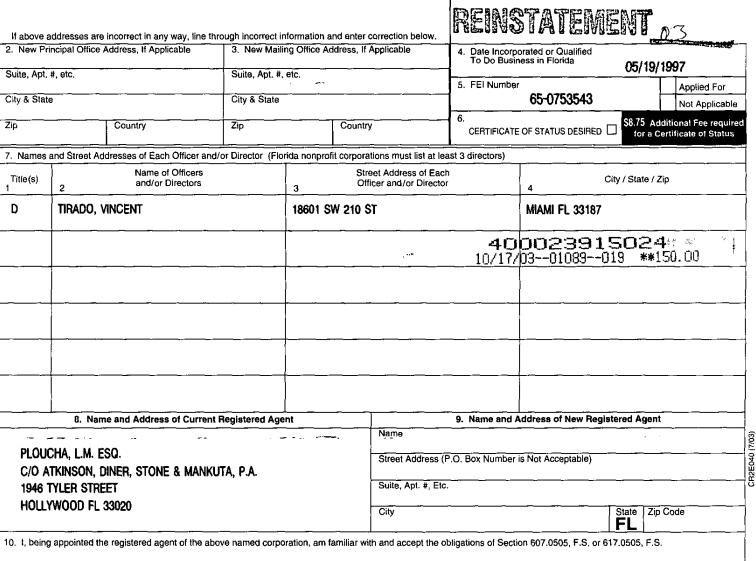
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SECRETARY OF STATE TALLAHASSEE, FLORIDA



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 filling 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 of Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN

TIRADO



October 13, 2003

Division of Corporations Annual Report/Reinstatement Section P. O. Box 6327 Tallahassee, Fl. 32314-6327

RE: Phoenix Aviation Services, Inc. FEI#65-0753543

Gentlemen:

I wish to advise you that the UBR Notice for 2003 for the referenced corporation was never received. Enclosed is the application for reinstatement together with the necessary Fee.

Vincent Tirado

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