

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

03 DEC 30 PM 12:11

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000628597

1. Corporation Name

Aircraft 23345, Inc.

2. Principal Office Address

C/O 555 California St.,

Suite, Apt. #, etc. 8th Floor

City & State

San Francisco, Ca.

Zip
94104

Country
USA

3. Mailing Office Address

see # 2

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

3/27/98

5. FEI Number

650823633

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

58.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1500 South Pine Island Road

Suite, Apt. #, Etc.

City Plantation

State

FL

Zip Code

33324

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

Connie Agan

Date

12-29-03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>President/ Director</u>	<u>Anthony H. Hagen</u>	<u>C/O 555 California St.</u>	<u>San Francisco, Ca 94104</u>
<u>Officer</u>	<u>Robert A. Keyes</u>	<u>"</u>	<u>"</u>
<u>Secretary</u>	<u>Christine Costamagna</u>	<u>"</u>	<u>"</u>

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 under section 119.07(3)(f), 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:

Christine Costamagna
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/03
Date

415/622-4656
Daytime Phone #

B.

Division of Corporations

Florida Department of State
Division of Corporations
Public Access System

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Fax Number : (850) 205-0384

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 222-9428

CORPORATION REINSTATEMENT

AIRCRAFT 23345, INC.

Certificate of Status	0
Certified Copy	0
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