

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

00 MAY -8 PM 2:45

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000103667**

1. Corporation Name

AIRCRAFT INTERIOR SYSTEMS, INC.

Principal Place of Business

Mailing Address

341 NORTH MAITLAND AVENUE, SUITE 340
MAITLAND FL 32751

341 NORTH MAITLAND AVENUE, SUITE 340
MAITLAND FL 32751

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



4. Date Incorporated or Qualified To Do Business in Florida		12/09/1998
5. FEI Number	59-3550997	Applied For Not Applicable
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	4 City / State / Zip
P/D	William Hurt	341 North Maitland Avenue Suite 340	Maitland, Florida 32751
VP/D	Howard B. Lefkowitz	341 North Maitland Avenue Suite 340	Maitland, Florida 32751
S/D	Philip Tatich	341 North Maitland Avenue Suite 340	Maitland, Florida 32751
			400003296754--5 -06/20/00--01038--016 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

TATICH, PHILIP
341 NORTH MAITLAND AVENUE, SUITE 340
MAITLAND FL 32751

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	FL

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

Philip Tatich
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 5/7/00

11. I certify that I am an officer or director of 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:

William Hurt
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William Hurt

05/04/00

Date

(407) 895-5353

Daytime Phone #

KE

CR2E040 (8/99)