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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 AUG 10 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000062971

1. Corporation Name
MCCRAW AVIATION, INC.

13737 U.S. HIGHWAY 301 NORTH
13737 U.S. HIGHWAY 301 NORTH

2. Principal Office Address
13737 U.S. HIGHWAY 301 NORTH

3. Mailing Office Address
13737 U.S. HIGHWAY 301 NORTH

Suite, Apt. #, etc.

City & State
PARRISH, FL

Zip Country
34219-8663

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida 12/21/99

5. FEI Number 65-0932931

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name
WALKER MCCRAW

Street Address (P.O. Box Number is Not Acceptable)
13737 U.S. HIGHWAY 301 NORTH

Suite, Apt. #, Etc.

City
PARRISH

State
FL

Zip Code
34219-8663

400040044344
08/10/04--01027--001 **300.00

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 Pearl M. McCraw Date 8-7-04

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	WALKER MCCRAW	13737 U.S.HIGHWAY 301 NORTH	PARRISH, FL 34219-8663
STD	PEARL MCCRAW	13737 U.S. HIGHWAY 301 NORTH	PARRISH, FL 34219-8663

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)(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: Pearl M. McCraw 8-7-04 941-541-0772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)

August 7, 2004

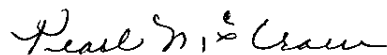
McCraw Aviation
13737 U.S. 301 N.
Parrish, Florida 34219

To Whom it May Concern:

On August 6, 2004 we notified the Florida Department of State that we had not received our Corporation Annual Report notice.

Because of our move from 3200 Palm View Road, Palmetto, Florida I believe it has been sidetracked in the mail. We were told that we could reinstate now with no reinstatement fee.

Yours truly,



Pearl McCraw, Owner
941-741-0777

P99000062971
FIN # 65-0932031