

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

192

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 JUL -5 PH 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V53689

1. Corporation Name

F & J AVIATION CORP.

2. Principal Office Address
2633 LANTANA RD

3. Mailing Office Address
2633 LANTANA RD

REINSTATEMENT
CR2E081 (12/05)

05-06

Suite, Apt. #, etc.
HANGAR 312 suite#32

Suite, Apt. #, etc.
HANGAR 312 SUITE#32

4. Date Incorporated or Qualified
To Do Business in Florida 07/28/1992

City & State
LANTANA, FLORIDA

City & State
LANTANA, FLORIDA

5. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

Zip Country
FL33462 USA

Zip Country
FL33462 USA

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

7. Name and Address of Current Registered Agent

Name
BIPE INC

Street Address (P.O. Box Number is Not Acceptable)
2633 LANTANA ROAD

Suite, Apt. #, Etc.
HANGAR 312, SUITE#32

City
LANTANA

State Zip Code
FL 33462

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

Date 04/19/2006

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
P	R. SCHRAMA	2633 LANTANA RD ^{STL} 32	LANTANA FL 33462

500077387145
07/12/06--01017--028 **308.75

10. 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 contained in Chapter 119, 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:

R. SCHRAMA president 04/19/2006

1 561 963 6948

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

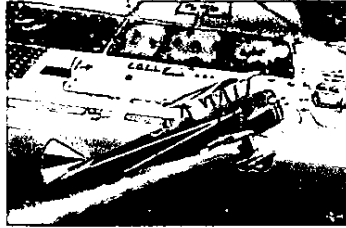
Date

Daytime Phone #

292

BIPE, Inc.

LANTANA AIRPORT
2633 LANTANA ROAD, SUITE
32 HANGAR 312
LANTANA, FLORIDA 33462
JERRY STADTMILLER



**AIRCRAFT COVERING
MATERIALS,
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CONSULTING SERVICES
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FAX: 1-561-963-6949**

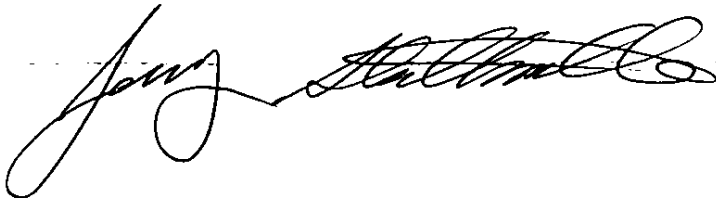
APRIL 19, 2006

**FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

GENTLEMEN

**I WOULD LIKE TO VERIFY THAT WE HAVE NOT RECEIVED THE ANNUAL REPORT
NOTICE REGARDING F&J AVIATION FOR THE YEAR 2005**

YOURS TRULY



JERRY STADTMILLER, AGENT FOR F&J AVIATION