

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN -2 PM 5:20

DOCUMENT # 205336

1. Corporation Name
AIRPORT INDUSTRIAL DISTRICT, INC.

2. Principal Office Address
1740 N.W. 69th AVENUE

3. Mailing Office Address
1207 CHARLES STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Fredericksburg, Virginia

Zip Country
DADE

Zip Country
22401

4. Date Incorporated or Qualified To Do Business in Florida
8/23/57

5. FEI Number Applied For
596057581 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
MR. VINCENT G. GRANDE

800004769498

Street Address (P.O. Box Number is Not Acceptable)
1999 Sire Lancelot Circle

*01/11/02 01054 009
***600.00 ***600.00*

Suite, Apt. #, Etc.

City
St. Cloud, Florida

State Zip Code
FL 34772

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
Vincent G. Grande

Date *12/29/01*

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 |
|--------------|-----------------------------------|------------------------------------------------|---------------------------------|
| <i>PL/VD</i> | <i>TERI ROSE</i> | <i>115 BRAEHEAD DRIVE</i> | <i>Fredericksburg VA. 22401</i> |
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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: *L. D. Teri Rose*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/01
Date

540-371-7673
Daytime Phone #

CR2E081 (9/01)

DECEMBER 27, 2001

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

TO WHOM IT MAY CONCERN:

I AM WRITING THIS LETTER TO STATE THAT NOTIFICATION
OF DIS-SOLVEMENT OF MY CORPORATION IN 1998; RE:

AIRPORT INDUSTRIAL DISTRICT, INC.

I.D. # 596057581 8/13/57

WAS NOT RECEIVED AT 115 BRAHEAD DRIVE. THEREFORE,
THE MAILING ADDRESS HAS BEEN CHANGED TO MY
ACCOUNTANT'S OFFICE ADDRESS AS NOW LISTED ON THE
CORPORATION REINSTATEMENT APPLICATION. (ATTACHED.)

I HEREBY REQUEST A WAIVER OF THE REINSTATEMENT
PENALTY. THE CORPORATE CHECK OF \$600.00 FOR
REINSTATEMENT FROM 1998 IS ENCLOSED (AS PER PHONE
CONVERSATION WITH YOUR OFFICE ON 12/27/01. I UNDERSTAND
THAT A 2002 FORM (FILING ANNUAL REPORT) FEE OF \$150.00
WILL BE DUE WHEN THE FORM ARRIVES THE FIRST WEEK OF
2002. MY DAYTIME CONTACT PHONE # IS 540-371-7673.

Thank you.

Airport Industrial District, Inc
TERI ROSE, P/O.

