

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 APR -2 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 205336

1. Corporation Name

Airport Industrial District, Inc.

REINSTATEMENT 03-10
400174285884
04/02/10--01031--007 **\$1200.00
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

8008 Clubhouse Drive

Suite, Apt. #, etc.

3. Mailing Office Address

8008 Clubhouse Drive

Suite, Apt. #, etc.

City & State

Suffolk VA

City & State

Suffolk VA

Zip

23433

Country

US

Zip

23433

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

8/23/1957

5. FEI Number
596057581

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

Bruce F. Iden

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

3240 Corporate Way

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33025

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

Date

4/1/2010

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
PVD	Teri Rose	8008 Clubhouse Drive	Suffolk VA 23433

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify 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:

[Signature] PVD
AIRPORT INDUSTRIAL DISTRICT, INC.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 29, 2010 (757)615-1110
Date Daytime Phone #