

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 818635**

1. Corporation Name

Buehler Aviation Research Foundation, Inc.

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

113 Johnson Avenue

Suite, Apt. #, etc.

City & State

Hackensack, NJ

Zip

07601

Country

USA

3. Mailing Office Address

113 Johnson Avenue

Suite, Apt. #, etc.

City & State

Hackensack, NJ

Zip

07601

Country

USA

**7. Name and Address of Current Registered Agent**

Name

George Weaver

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

5300 North Federal Highway

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33308

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

REGISTERED AGENT MUST SIGN

Date **9/30/2008**

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	George Weaver	5300 North Federal Highway	Fort Lauderdale, FL 33308
T	Robert D. Boyle	113 Johnson Avenue	Hackensack, NJ 07601
DT	Porter E. Hartman	115 W. Century Road	Paramus, NJ 07652
DT	George Stolberg	4203 La Verde Drive	North Fort Meyers, FL 33903
DT	Robert D. Boyle	113 Johnson Avenue	Hackensack, NJ 07601
DT	George Weaver	5300 North Federal Highway	Fort Lauderdale, FL 33308

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 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:

Trustee

9/30/2008

201-487-6666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

08 OCT 13 PM 4: 21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900136868043  
10/13/08--01030--005 \*\*253.75

REINSTATEMENT 05-08

4. Date Incorporated or Qualified  
To Do Business in Florida **4/6/1965**

5. FEI Number  
**22-1754787**

Applied For

Not Applicable

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

☒ 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.