

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB -7 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000000362

1. Corporation Name
Aviation Data Systems, Inc

REINSTATEMENT 02-05
MRS

2. Principal Office Address
321 N CRYSTAL LK DR

3. Mailing Office Address
3511 Silverstone RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ORLANDO, FL

City & State
Wilmington, DE

Zip Country
32803 USA

Zip Country
19810 USA

4. Date Incorporated or Qualified To Do Business in Florida 1/1/2007

5. FEI Number 59-3674436

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 Andrew Green
Street Address (P.O. Box Number is Not Acceptable)
321 N CRYSTAL LK DR
Suite, Apt. #, Etc.
City ORLANDO State FL Zip Code 32803

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 2/2/05
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
Pres	Andrew Green	321 N CRYSTAL LAKE DR	ORLANDO, FL 32803
VP	JEFF GLASKO	321 N CRYSTAL LAKE DR	ORLANDO, FL 32803

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: [Signature] Andrew Green,
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/05 407-323-4697
Date Daytime Phone #

CR2E081 (01/05)