

FROM

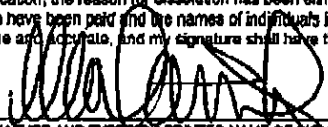
PLEASE READ ALL INSTRUCTIONS BEFORE COM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-03

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Hams Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F01000006315 1. Corporation Name Aero Group International Corporation			
2. Principal Office Address 1389 General Aviation Dr. Suite, Apt. #, etc. City & State Melbourne, FL Zip 32935		3. Mailing Office Address Same Suite, Apt. #, etc. City & State Zip Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 12/10/2001		5. FEI Number ☒ Applied For ☒ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐ \$6.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent Name Mark Daniels Street Address (P.O. Box Number is Not Acceptable) 1389 General Aviation Dr. Suite, Apt. #, Etc. City Melbourne State FL Zip Code 32935			
8. I, being appointed the registered agent of the above named corporation, am familiar with and except the obligations of section 607.0505 or 617.0503, VS. Signature of Registered Agent  REGISTERED AGENT MUST SIGN Date <u>1-8-03</u>			
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/S/D	Mark Daniels	1389 General Aviation Dr.	Melbourne FL 32935
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)(b), 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:  <u>1-8-03</u> <u>8B-225-4110</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

Russell T. Alba, Esquire
Florida Bar # 493929
Foley & Lardner
100 N. Tampa Street, Suite 2700
Tampa, Florida 33602
Phone 813-270-7300

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Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT

AERO GROUP INTERNATIONAL CORPORATION

Certificate of Status	0
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