

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F02000003261**

1. Corporation Name

FLS AEROSPACE (USA) INC.

Principal Place of Business

600 EAST DALLAS ROAD, SUITE 500
GRAPEVINE TX 76051

Mailing Address

600 EAST DALLAS ROAD, SUITE 500
GRAPEVINE TX 76051

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/25/2002

5. FEI Number

75-2579839

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CP	HUMPHREYS, MICHAEL	LONG BORDER ROAD, STANSTED AIRPO	ESSEX CM24 1RE, ENGLAND
DV	O'CONNOR, SEAN	600 EAST DALLAS ROAD, SUITE 500	GRAPEVINE TX 76051
S	O'SHEA, JOHN	C/O FLS AEROSPACE (IRL) LIMITED	DUBLIN AIRPORT, IRELAND

800024429888
11/05/03--01013--005 **150.00

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Cynthia L. Harris

Cynthia L. Harris
as its agent

REGISTERED AGENT MUST SIGN

Date

11/3/03

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sean O'Connor
SEAN O'CONNOR

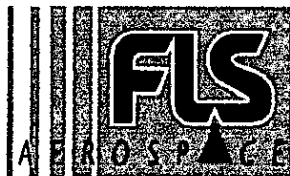
Date

10/17/03 817 488 3368

Daytime Phone #

CR2E040 (7/03)

272



October 17, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: FLS AEROSPACE (USA), INC.
75-2579839

Dear Sir or Madam:

We recently received Notice of Administrative Dissolution or Revocation from your state for failure to file the 2003 Corporation Annual Report/Uniform Business Report. We have not received any previous notice that would indicate to us that this form should have been filed. Whilst we have had a recent managerial change, we too have checked our records and can find nothing to this effect.

We respectfully request that you accept the completed form that accompanies this letter, the payment in the amount of \$150 and reinstate FLS AEROSPACE (USA), INC. in good standing within the state of Florida.

Thank you in advance for your consideration.

Respectfully,

A handwritten signature in black ink, appearing to read "Sean O'Connor", written over a horizontal line.

Sean O'Connor
Director/Vice-President

Encl.