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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

APPROVED AND FILED

05 APR 20 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05

MRB

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F03000001612

1. Corporation Name
X-TREME AEROSPACE, INC.

750 S.W. 34th Street

2. Principal Office Address		3. Mailing Office Address	
750 S.W. 34th Street			
Suite, Apt. #, etc.: Suite 213		Suite, Apt. #, etc.	
City & State: Fort Lauderdale, FL		City & State	
Zip: 33315	Country: US	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: April 1, 2003

5. FEI Number: 65-0097620 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name: Corporation Service Company		
Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street		
Suite, Apt. #, Etc.		
City: Tallahassee	State: FL	Zip Code: 32301

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: Deborah D. Skipper (signature) Deborah D. Skipper Asst. V. Pres. Date: 4/19/2005
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
CPS	John M. Goodwin, Jr.	750 SW 34th Street, Suite 213	Fort Lauderdale, FL 33315
VCVP	Glenn E. Cauthren	750 SW 34th Street, Suite 213	Fort Lauderdale, FL 33315
T	Glenn E. Cauthren	750 SW 34th Street, Suite 213	Fort Lauderdale, FL 33315

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) / John M. Goodwin, Jr. President 04/19/05 (954)2565882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E081 (3/04)

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Florida Department of State

Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

X-TREME AEROSPACE, INC.

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