
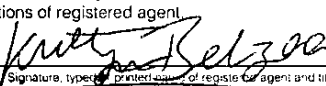
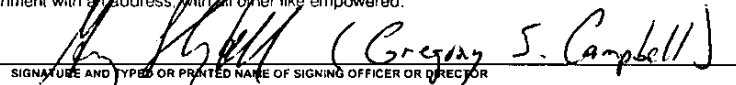


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 25, 2008 8:00 A.M.
Secretary of State

| | | | | | |
|--|---|--|--|--|--|
| DOCUMENT # F03000002903 | | | |  | |
| 1. Entity Name JETDIRECT AVIATION, INC. | | | | | |
| Principal Place of Business 97 LIBBEY PARKWAY WEYMOUTH, MA 02189 US | | | Mailing Address 97 LIBBEY PARKWAY WEYMOUTH, MA 02189 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| C T CORPORATION SYSTEM C/O C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  Kristen Betzger Vice President </div> <div style="text-align: right;"> 11/21/08 </div> </div> | | | | | |
| SIGNATURE _____ DATE _____ <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$750.00 After January 1, 2009, Fee will be \$900.00 | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GALDI, SCOTT 233 INDUSTRIAL AVE. TETERBORO, NJ 07608 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO Gregory Campbell 8 TURN CREEK LANE BETHLEHEM, PA 19312 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP AMOS, CHRISTINE 233 INDUSTRIAL AVE. TETERBORO, NJ 07608 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO Jeffrey Hartman 488 Misty Lane Winter Park, FL 32789 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary James Griffiths 425 Portridgeberry Lane Chester Springs, PA 19425 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: center;"> 200137791922 11/10/08--01055--010 **750.00 </div> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  (Gregory S. Campbell) <div style="float: right; text-align: right;"> 11/31/08 781763 <small>Date Daytime Phone #</small> </div> | | | | | |