


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F03030005140		
1. Entity Name BOMBARDIER AEROTECH INC.		

Principal Place of Business P.O. BOX 991 261 MOUNTAIN VIEW DR. COLCHESTER, VT 05446	Mailing Address P.O. BOX 991 261 MOUNTAIN VIEW DR. COLCHESTER, VT 05446
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Vaughn Carney* SPECIAL ASSISTANT SECRETARY
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SRIVASTAVA, ASHWANI P.O. BOX 991, 261 MOUNTAIN VIEW DR COLCHESTER, VT 05446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200047873782 03/08/05--01010--014 **908.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PARK, RICHARD R P.O. BOX 991, 261 MOUNTAIN VIEW DR COLCHESTER, VT 05446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TAVLIN, PETER M P.O. BOX 991, 261 MOUNTAIN VIEW DR COLCHESTER, VT 05446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Tavlin, Peter M. P.O. Box 991, 261 Mountain View Dr. Colchester, VT 05446 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CARLE, ROGER 800 RENE-LEVESQUE W 28TH FLOOR MONTREAL QUEBEC CANADA, H3B1Y8 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Carney, Vaughn P.O. Box 991, 261 Mountain View Drive Colchester, VT 05446 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section-119.07(3)(i), 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: *Vaughn Carney* Assistant Secretary 2/24/05 802.654.8187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
05 FEB 28 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 04-05
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02222005 REIN-P CR2E098 (6/04)

4. FEI Number 38-3040099 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required