

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

07 NOV 27 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F05000004528

1. Corporation Name

Altair Avionics Corporation

2. Principal Office Address - No P.O. Box #

63 Nahatan Street

3. Mailing Office Address

1525 Midway Park Road

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

ATTN: FINANCE

City & State

Norwood MA

City & State

Bridgeport WV

Zip

02062

Country

USA

Zip

26330

Country

USA

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

James M. Newsome

JAMES M. NEWSOME

Special Assistant Secretary

Date 11/14/07

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Benoit Brossit	7007 Chemin De La	St. Hubert, Quebec
GM	Doug Thompson	63 Nahatan Street	Norwood MA 02062
T	John D. Beert	7007 Chemin De La	St. Hubert, Quebec
S	Christopher Kroger	1525 Midway Park	Bridgeport, WV 26330
A.S.	Jacques Bradette	7007 Chemin De La	St. Hubert, Quebec

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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 contained in Chapter 119, 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:

Christopher M. Kroger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/14/07

Daytime Phone #

(304)

842-1236

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CR2E081 (1/07)