

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F63835

1. Corporation Name

Aerostructures, Inc.

2. Principal Office Address - No P.O. Box #
210 Kings Way

3. Mailing Office Address
same

Suite, Apt. #, etc.
Level 3

Suite, Apt. #, etc.
same

City & State
South Melbourne, VI

City & State
same

Zip **3205** Country **Australia**

Zip **same** Country **same**

7. Name and Address of Current Registered Agent

Name
Joan Sherwin

Street Address (P.O. Box Number is Not Acceptable)
718 37th Ave NE

Suite, Apt. #, Etc.

City
Saint Petersburg

State
FL Zip Code
33704

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

Joan K Sherwin

REGISTERED AGENT MUST SIGN

Date **1/23/07**

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
P	Rodney D. Locket	35 Wallace Ave.	Toorak, VI 3142 Australia
CTD	Elmer B. Lammon	121 Downing St.	Panama City, FL 32413
VSD	Barbara J. Lammon	121 Downing St.	Panama City, FL 32413

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:

Elmer B. Lammon

Elmer B. Lammon

Jan 16, 2007

850 235 1962

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

07 FEB-23-PH-1-12

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

000089980310
03/02/07--01003--009 **608.75

REINSTATEMENT 04-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida **Jan 20, 1982**

5. FEI Number **592162623**

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.