PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 99-01 UBF

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 JUN -5 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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99 -01 UBF ******450.00 *****450.00

DOCUMENT # F98000003258

1. Corporation Name: GAB ROBINS AVIATION Limited Co.

2. Principal Office Address	3. Mailing Office Address
4620 NSR 7	4620 NSR 7
Suite, Apt. #, etc.: SUITE 200	Suite, Apt. #, etc.: SUITE 200
City & State: FORT LAUDERDALE	City & State: FORT LAUDERDALE
Zip: FL33319 Country: USA	Zip: FL33319 Country: USA

4. Date ~~Incorporated~~ Qualified To Do Business in Florida: 9TH JUNE 1998

5. FEI Number: 522102256 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: HERBERT MICHAEL MCKEEMAN

Street Address (P.O. Box Number is Not Acceptable): 4620 NSR 7

Suite, Apt. #, Etc.: SUITE 200

City: FORT LAUDERDALE State: FL Zip Code: 33319

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: H. M. McKeeman Date: MAY 21ST 2001
REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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
MR	HERBERT MICHAEL MCKEEMAN	1054, FAIRFAX LANE	WESTON, FL 33326
MR	PHILIPPE BES	FLAT 8, MARGARETHA HOUSE, DRAYCOTT PL.	LONDON, SW3 2SB U.K.
MR.	LUCIEN LEMANSKI	6, DOUEHOUSE GREEN ROSSLYN PARK	WEYBRIDGE, SURREY KT 13 9NE, U.K.
MR.	ROBERT. J. BURGE	SIMLA, CHILTERN HILL CHALFONT ST PETER	GERRARDS CROSS BUCKS, SL9 9TX, U.K.
MR	JAMES MORGAN	PARKWOOD HOUSE MAYFIELD,	E. SUSSEX, TN20 6NS U.K.

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: H. M. McKeeman H. M. MCKEEMAN 5/21/01 9547393600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #