FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 FEB 24 PM 2:39

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F98000003258

1. Entity Name
GAB ROBINS AVIATION LIMITED CO.

Principal Place of Business
4620 NORTH STATE ROAD 7, STE. 200
FORT LAUDERDALE, FL 33319

Mailing Address
4620 NORTH STATE ROAD 7, STE. 200
FORT LAUDERDALE, FL 33319

(F98000003258P)

02042009 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #: 4620 North State Rd.7
Suite, Apt. #, etc.: Suite 201
City & State: Fort Lauderdale, FL
Zip: 33319 Country: USA

3. Mailing Address: 4620 North State Rd.7
Suite, Apt. #, etc.: Suite 201
City & State: Fort Lauderdale, FL
Zip: 33319 Country: USA

4. FEI Number: 52-2102256 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MOLINA, AMELIE
4620 NORTH STATE ROAD 7, STE. 201
FORT LAUDERDALE, FL 33319

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

SIGNATURE: Amelie Molina Feb. 23, 2009
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

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	DE LA MORINERIE, PATRICK	
STREET ADDRESS	3 RUE VERDI	
CITY-ST-ZIP	PARIS, FRANCE, 75016	
TITLE	CEOD	☑ Delete
NAME	BES, PHILIPPE	
STREET ADDRESS	23 ARGYLL RD.	
CITY-ST-ZIP	LONDON, UK, w8 7da	
TITLE	D	☑ Delete
NAME	LEMANSKI, LUCIEN	
STREET ADDRESS	SANDYLANDS, 50 CRANLEY RD	
CITY-ST-ZIP	BURNWOOD PARK WALTON, ON kt125bs	
TITLE	D	☐ Delete
NAME	LAURENCE, RIGBY K	
STREET ADDRESS	SANSARY 82 LAWEEN RD	
CITY-ST-ZIP	GUIFORD SURREY, gui155	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME	900144313749	
STREET ADDRESS	02/24/09--01043--011 **900.00	
CITY-ST-ZIP		
TITLE	DIRECTOR	☐ Change ☑ Addition
NAME	MICHAEL D JONES	
STREET ADDRESS	85 GRANDISON ROAD	
CITY-ST-ZIP	LONDON SW11 6LT	
TITLE	DIRECTOR	☐ Change ☑ Addition
NAME	TREVOR J LIGHT	
STREET ADDRESS	CHERITON LODGE, LOWER NORTON LANE,	
CITY-ST-ZIP	BUCKLAND, KENT ME9 9LB	
TITLE	CEO	☑ Change ☐ Addition
NAME	KIERAN L RIGBY	
STREET ADDRESS	45 ASTONVILLE STREET, SOUTHFIELDS	
CITY-ST-ZIP	LONDON SW18 5AN	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

REINSTATEMENT 08-09KS

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: _____ 20/02/09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #