

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # **F99000003313**

1. Corporation Name
LAGRANGE AERO, INC.

Principal Place of Business	Mailing Address
856 PINEY WOODS DR. LAGRANGE GA 30240	856 PINEY WOODS DR. LAGRANGE GA 30240

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		30240	USA

REINSTATEMENT **01**

4. Date Incorporated or Qualified To Do Business in Florida **06/23/1999**

5. FEI Number **58-1685372** Applied For Not Applicable

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

FILED
01 NOV -9 PM 6:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	FAGUNDES, J M	856 PINEY WOODS DR	LAGRANGE GA
VSD	FAGUNDES, BETTY E	856 PINEY WOODS DR	LAGRANGE GA
CEO	FAGUNDES JR, J M	856 PINEY WOODS DR	LAGRANGE GA
TD	ELLIS, DEBORAH	2701 BELLE CHRISTIANE CIRCLE	PENSACOLA FL
			300004704383--8 -12/04/01--01060--013 ****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent		
FAGUNDES, JOSEPH M 2277 AIRPORT RD. PENSACOLA FL 32504	Name		
	Street Address (P.O. Box Number is Not Acceptable)		
	Suite, Apt. #, Etc.		
	City	State FL	Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED** Date 10-11-01
REGISTERED AGENT MUST SIGN

11. 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 *[Signature]* **SIGNATURE REQUIRED** Date 10-11-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)