

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F99000005570

1. Corporation Name

AIRCRAFT 48024, INC.

FILED

04 MAY -6 PM 3:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Office Address

10800 BISCAYNE BLVD

Suite, Apt. #, etc.

SUITE #800

City & State

MIAMI FL

Zip

33161

Country

USA

3. Mailing Office Address

401 N TRYON ST

Suite, Apt. #, etc.

NC1-021-02-20

City & State

CHARLOTTE NC

Zip

28255

Country

USA

**REINSTATEMENT 01-04**

4. Date Incorporated or Qualified  
To Do Business in Florida

10/28/1999

5. FEI Number

52-2198656

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

CT CORPORATION SYSTEM

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

1200 S PINE ISLAND RD

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

ALLAN FARWELL  
ASSISTANT SECRETARY

Date 5-5-2004

REGISTERED AGENT MUST SIGN

**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	NC1-021-02-20 401 N TRYON ST CHARLOTTE NC 28255	City / State / Zip
D/P	ANTHONY M HAGEN		
SVP	GREG S MROZ		
SEC	CHRISTINE M COSTAMAGNA		
TREA	ROBERT A KEYES, JR		

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:

GREG S MROZ  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREG S. MROZ, Sr.VP

4/28/04

Date

704-388-1190  
Daytime Phone #