

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAY -6 PM 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F99000006335

1. Corporation Name

AIRCRAFT 22688, INC.

*Handwritten initials*

**REINSTATEMENT 01-04**

2. Principal Office Address		3. Mailing Office Address	
10800 BISCAYNE BLVD		401 N TRYON ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE #800		NC1-021-02-20	
City & State		City & State	
MIAMI FL		CHARLOTTE nc	
Zip	Country	Zip	Country
33161		28255	MECKLENBURG

4. Date Incorporated or Qualified To Do Business in Florida	
12-8-1999	
5. FEI Number	Applied For
52-2203840	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
\$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

*Handwritten signature of Allan Farnell*

ALLAN FARNELL

Date 5-5-2004

REGISTERED AGENT MUST SIGN **ASSISTANT SECRETARY**

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	City / State / Zip
D / P	ANTHONY M. HAGEN	NC1-021-02-20 401 N TRYON ST CHARLOTTE NC 28255	
Sr.VP	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:

*Handwritten signature of Greg S. Mroz*

Greg S. Mroz, Sr. V.P.

4/24/04 704-386-1190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #