


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



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

FILED

02 MAR 14 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J66655

1. Corporation Name

AVIOR TECHNOLOGIES, INCORPORATED.

2. Principal Office Address

3729 SHILON TRAIL WEST

Suite, Apt. #, etc.

3. Mailing Office Address

3729 SHILON TRAIL WEST

Suite, Apt. #, etc.

City & State

KENNESAW, GA

City & State

KENNESAW, GA

Zip

30144

Country

USA

Zip

30144

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06 APR 87

5. FEI Number

59-2788996

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

Miami Center Registered Agents, LLC

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

201 S. Biscayne Blvd.

Suite, Apt. #, Etc.

Suite 1700

City

Miami

State
FL

Zip Code

33131

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

John H. Haffner, V.P.
REGISTERED AGENT MUST SIGN

Date

3-12-02

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
DPST	NEARING, MICHAEL G.	3729 SHILON TRAIL WEST 351.25-AK 10.00-ARARIS 88.75-ARSUPP 8.75-Cent	KENNESAW, GA 30144

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:

Michael Nearing

MICHAEL NEARING

05 FEB 02

404-431-0518

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

MICHAEL G. NEARING

3729 Shiloh Trail West, Atlanta, Georgia 30144

phone 404-431-0518

fax 770-792-0350

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Tuesday, February 05, 2002

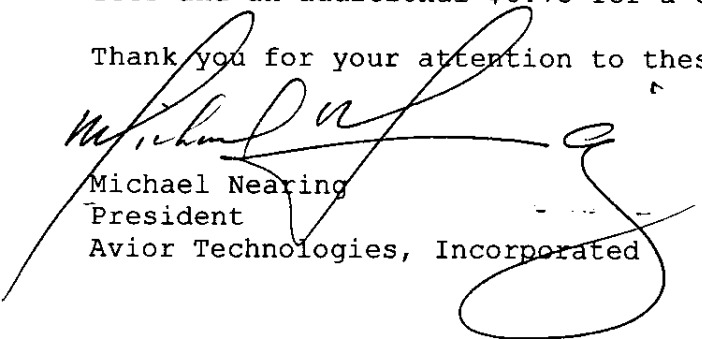
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Avior Technologies, Incorporated, Doc. No. J66655

Dear Sir/Madam:

Please accept this letter as a request for reinstatement of Avior Technologies, Inc. I did not receive the UBR for the last several years and have not made timely filings of same. Enclosed, per staff instruction, is a check in the amount of \$458.75, reflecting three years' fees and an additional \$8.75 for a Certificate of Status.

Thank you for your attention to these matters.



Michael Nearing
President
Avior Technologies, Incorporated