

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS		DO NOT WRITE IN THIS SPACE <div style="text-align: center;"> FILED 97 AUG 29 PM 2:38 </div>	
Read Instructions on Other Side Before Making Entries Make Check Payable To: Department of State					
1. Name and Mailing Address of Corporation: DOCUMENT # <i>J96617</i> J & A Aero Topographic Maps Corp. 106 N.W. Drane St., Suite B Plan City, FL 33566			2. If Address in Block 1 is incorrect in any way, enter the correct address below: Address _____ City and State _____ Zip Code _____ 3. If Principle Office Address is different from mailing address, enter address below: Address _____ City and State _____ Zip Code _____		
4. Date Incorporated or Qualified To Do Business in Florida 10/1/87		5. FEI Number 59-2839793		6. \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1	2	3	4	5	6
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
P/S	Jorge A. Rouge	106 N.W. Drane St., Suite B	Plan City, FL 33566		
				REINSTATEMENT <i>93-97</i> <i>SL</i> <i>8-29-97</i>	
				000002283250--5 -09/02/97--01186--002 ***1418.75 ***1418.75	
REGISTERED AGENT INFORMATION			9. If changed, new registered agent / office		
8. Name and Address of Current Registered Agent			Name		
Jorge A Rouge 106 N.W. Drane St., Suite B Plan City, FL 33566			Street Address (Do NOT Use P.O. Box Number)		
			Street Address (Do NOT Use P.O. Box Number)		
			City	State FL.	Zip
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 <i>Jorge Rouge</i> REGISTERED AGENT MUST SIGN Date 8/2/97					
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)					
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director <i>Jorge Rouge</i> Date 8/2/97 Daytime Phone # (813) 752-2113					

CR2E040 (8/92)