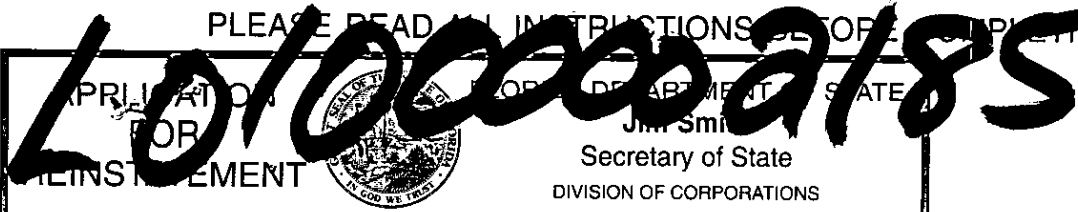


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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02 OCT 29 PM 1:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000002185

Name and Mailing Address

0003215 01 FP 0.352 \*\*PRSRT TO O 0615 33309-274328



MAXWELL AEROSPACE HOLDINGS, LLC  
2310 N.W. 55TH COURT, BAY 128  
FORT LAUDERDALE FL 33309-2743

[illegible]

CR2E084 (8/02)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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  
Managing Member/Manager

Date 10-23-62 Daytime Phone # 954-734-3575

Typed or printed name of signing Managing Member/Manager