

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 FEB 13 AM 10:28

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # M00000000852

1. Limited Liability Company's Name
3DI Aviation

2. Principal Office Address 28969 Information Lane		3. Mailing Office Address 28969 Information Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Easton, MD		City & State Easton, MD	
Zip 21601	Country USA	Zip 21061	Country USA

4. State/Country of Formation Delaware	
5. Date Organized or Qualified To Do Business in Florida 4/18/00	
6. FEI Number 522155562	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name CT Corporation System	600029028846
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road	02/18/04--01048--002 **50.00
Suite, Apt. #, Etc.	600029028846
City Plantation	02/18/04--01048--003 **150.00 State FL Zip Code 33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Hedi M. Olesch, Asst. Secretary Date 12-10-03
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Pres. <i>MGM</i>	Donald E. Wicks	1999 Broadway, Ste. 3200	Denver, CO 80202

REINSTATEMENT 2003-049

11. 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 Donald E. Wicks Date 12/22/03 Daytime Phone # 303-298-9847
Typed or printed name of signing Managing Member/Manager Donald E. Wicks

CR2E041 (10/02)