PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FOR Secretary of State REINSTATEMENT **DIVISION OF CORPORATIONS** FILED DOCUMENT # 97 JUN -9 PM 12: 51 AIRLINES DISABLED PILOTS ASSOC., SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address No. Box 1/32 FRYETTEVILLE, GA 30214 If above addresses are incorrect in any way, line through incorrect information and enter correction belong the state of t 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida Sulte, Apt. #, etc. Sulte, Apt. #, etc. 5. FEI Number Applied For City & State City & State \$8.75 Additional Fee required for a Certificate of Status Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director
(Do NOT Use Post Office Box Numbers) City / State / Zip BRISTOL, VA 24201 TRIVETT 2504 OSBORUE ST DOEN VALLEY RD. FAYETTEVILLE, GA 30214 FAYETTEVILLE, 64 30214 6125 DUNN 8. Name and Address of Current Registered Agent 9. Name and Address of New Regis ered Agent Name L. Michael Osman 1474-A West 84th St. Street Address (P.O. Box Num**physippings) 208826—**-06/11/97--01072--006 Hialeah, FL 33014 Suite, Apt. #, Etc. \*\*\*\*297.50 \*\*\*\*297.50 State Zip Code 10. I, being appointed the registered agent of majove name corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Date 6-6-97 REDISTERED AGENT MUST SIGN Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. Yes I Nol 12. 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

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on this application is true and accurate, and my signature shall have the same legal effect as if made under cath.

SIGNATURE: