PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORMED

	PORATION TATEMENT	Se Se	EPARTMENT OF STATE cretary of State	SECRETARY OF STATE DIVISION OF CORPORATIONS	
DOCUMENT # \$ 00000033719 1. Corporation Name				04 JAN 27 AM 8: 00	
L ሃ/	VCH Aircra	ft sales	, INC.		
	·			REINSTATEMENT 03-04	
· ·			ce Address		
<i>1624 Au</i> Suite, Apt. #, e	VIATION CENTER 4	Suite, Apt. #, et	YAW GOOWTHAZE	- 01/27/04 PIDI2 006 300.00	
Odite, Apt. #, e		Conto, Apr. 7, 61		4. Date Incorporated or Qualified	
City & State	·····	City & State		To Do Business in Florida 03/30/2000	
Daylo	ONA BEACH, I	-L ORMON	ID BEACH, FL	5. FEI Number Applied For Not Applied be	
32114	Country	Zip 32174	Country '	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
		7. Nar	me and Address of Current Regist	stered Agent MO	
	Name	V. LYNCH			
	Street Address (P.O. Box Number is Not Acceptable)				
Suite, Apt #, Etc.					
L					
	ORMONO	BEACH		State Zip Code FL 32174	
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 Date 01/24/04 REGISTERED AGENT MUST SIGN					
9. Names ar	nd Street Addresses of Each Of	ficer and/or Director (Florid	da nonprofit corporations must list at	at least 3 directors)	
Titles	Name of Officers and/or D		Street Address of Ea Officer and/or Direc	Each City / State / 7 in	
P	JAMES V. LY.	NC H	7 PIEASANTWOOD	WAY DRMOND BEACH, FL 32174	
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #					

Lynch Aircraft Sales, Inc.

January 23, 2004

7 Plesantwood Way Ormond Beach, FL 32174 (386) 248-0458

Department Of State Division Of Corporations 409 East Gaines Street Tallahassee, FL 32399

RE: Corporation Reinstatement

Dear Sirs:

Please find attached corporation reinstatement forms for two companies that I am president and owner of. I recently filled out financial documentation for a bank for a loan and was surprised to hear back from the lender information regarding administrative dissolution. This is just the sort of thing that I fired my bookkeeper last October for.

In January of 2003 I moved both companies into a new facility and forwarded the mail to a post office box located at a local Mail Box's Etc. company. I would on a weekly basis give to the bookkeeper all incoming mail from state and federal tax agencies. I searched throughout the week sorting through all the old accounting files and was unable to locate any form indicating that the companies were registered. Today I made contact with your office asking for assistance in reinstating and registering both companies for year 2004. I was told that I would have to reinstate the two companies and then register on line for year 2004. In addition I was informed that in the event I did not receive the information I could attach a letter of explanation and payment in the amount of \$300 per company. Attached please find payment in the amount of \$600.00.

Thank you for your assistance. I can be reached at cell (386) 846-9742 work 386-248-0458 if you require additional information.

Sincerely,

James V. Lynch