

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC -4 AM 9:36

DOCUMENT # P00000106649

1. Corporation Name

Capital Three Aviation, Inc.

500004720355--4
-12/12/01--01007--011
****793.75 ****758.75

2. Principal Office Address

5255 N. Federal Hwy.

Suite, Apt. #, etc.

City & State

Boca Raton, Florida

Zip

33487

Country

Palm Beach

3. Mailing Office Address

5255 North Federal Hwy.

Suite, Apt. #, etc.

City & State

Boca Raton, Florida

Zip

33487

Country

Palm Beach

REINSTATEMENT 01

4. Date Incorporated or Qualified
To Do Business in Florida

11/15/00

5. FEI Number

65-1055533

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Gary W. Boyce

Street Address (P.O. Box Number is Not Acceptable)

5500 North Federal Highway

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33487

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

REGISTERED AGENT MUST SIGN

Date

11/21/2001

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Gary W. Boyce	5255 N. Federal Highway	Boca Raton, FL 33487

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

11/21/2001

Date

561/734/6272

Day/Time Phone #

CR2E081 (9/00)