

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION
REINSTATEMENT

02-07



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY 16 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000019674

1. Corporation Name

EURO ADVANCED LIGHT AIRCRAFT, INC.

2. Principal Office Address

9153 SW 72 Avenue

Suite, Apt. #, etc.

T 8

City & State

Miami, FL

Zip

33156

Country

USA

3. Mailing Office Address

9153 SW 72 Avenue

Suite, Apt. #, etc.

T 8

City & State

Miami, FL

Zip

33156

Country

USA

000019182830

05/16/03--01063--007 **350.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

75-2995288

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

Alfredo Di Cesare

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

9153 SW 72 Avenue

Suite, Apt. #, Etc.

T 8

City

Miami

State

FL

Zip Code

33156

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

5/12/2003

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
P	Daniele Mangiameli	9153 SW 72 Avenue Suite T 8	Miami, FL 33156
S	Alfredo Di Cesare	9153 SW 72 Avenue Suite T 8	Miami, FL 33156
T	Alfredo Di Cesare	9153 SW 72 Avenue Suite T 8	Miami, FL 33156

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]

Daniele Mangiameli

5/12/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E031 (10/02)