



# 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P01000033443</b>						<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 18px; margin-bottom: 10px;">2007 OCT 11 AM 9:50</div> <div style="font-size: 14px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
<b>1. Entity Name</b> TAMPA BAY AIRCRAFT SALES, INC.							
<b>Principal Place of Business</b> 14421 AIRPORT PARKWAY CLEARWATER, FL 33762-2902 US		<b>Mailing Address</b> 600 PACKARD COURT SAFETY HARBOR, FL 34695 US					
<b>2. Principal Place of Business - No P.O. Box #</b> Suite, Apt. #, etc.		<b>3. Mailing Address</b> 328 DISSTON AVE NORTH Suite, Apt. #, etc.					
<b>City &amp; State</b> City: TARPON SPRINGS FL		<b>4. FEI Number</b> 59-3711481					
<b>Zip</b> 34689		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> CARLSON, EDWARD D 250 BELCHER ROAD NORTH SUITE 102 CLEARWATER, FL 33765				<b>7. Name and Address of New Registered Agent</b> Name: WALDENSE D. MALOUF ESQ. Street Address (P.O. Box Number is Not Acceptable): 700 DELAWARE AVE City: PALM HARBOR FL Zip Code: 34683			
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b> SIGNATURE: <i>Waldense D. Malouf</i> WALDENSE D. MALOUF 10-8-2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2008, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
<b>TITLE</b> P <b>NAME</b> HELMS, DANNY <b>STREET ADDRESS</b> 14421 AIRPORT PARKWAY <b>CITY-ST-ZIP</b> CLEARWATER, FL 33762	<input checked="" type="checkbox"/> Delete			<b>TITLE</b> P <b>NAME</b> MATTHEW MALOUF <b>STREET ADDRESS</b> 328 DISSTON AVE NORTH <b>CITY-ST-ZIP</b> TARPON SPRINGS, FL 34689	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> D <b>NAME</b> BOUGHTON, SIDNEY <b>STREET ADDRESS</b> 14421 AIRPORT PARKWAY <b>CITY-ST-ZIP</b> CLEARWATER, FL 33762	<input checked="" type="checkbox"/> Delete			<b>TITLE</b> 300110708743 <b>STREET ADDRESS</b> 10/12/07--01010--006 **150.00 <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> V <b>NAME</b> JACOBSEN, WILLIAM R <b>STREET ADDRESS</b> 14421 AIRPORT PARKWAY <b>CITY-ST-ZIP</b> CLEARWATER, FL 33762	<input checked="" type="checkbox"/> Delete			<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> D <b>NAME</b> JACOBSEN, WILLIAM R <b>STREET ADDRESS</b> 14421 AIRPORT PARKWAY <b>CITY-ST-ZIP</b> CLEARWATER, FL 33762	<input checked="" type="checkbox"/> Delete			<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete			<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete			<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>							
<b>SIGNATURE:</b> <i>Matthew Malouf</i> MATTHEW MALOUF 10/8/07 127-507-8881 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							