PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1 of 2

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV -5 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000039358

1. Corporation Name

Aero Business Services Inc

2. Principal Office Address	**3.** Mailing Office Address
4762 SPLIT RAIL PL MELBOURNE FL 32904	4762 SPLIT RAIL PL melbourne FL 32904
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MELBOURNE FL	City & State: MELBOURNE FL
Zip: 32904 Country: BREVARD	Zip: 32904 Country: BREVARD

4. Date Incorporated or Qualified To Do Business in Florida: APRIL 16 2001

5. FEI Number: 593711918 ☐ 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: GABRIEL J MANCUSO

Street Address (P.O. Box Number is Not Acceptable): 4762 SPLIT RAIL PLACE

Suite, Apt. #, Etc.

700024430037
11/05/03--01013--013 **158.75

City: MELBOURNE FL 32904 State: FL Zip Code: 32904

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: Gabriel J Mancuso Date: 10-30-03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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	GABRIEL J MANCUSO	4762 SPLIT RAIL PL	MELBOURNE FL 32904
—	THATS ALL	JUSTA ME	

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.

321 676 4733

SIGNATURE: Gabriel J Mancuso 10 30 03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AERO BUSINESS SERVICES INC
4762 SPLIT RAIL PLACE
MELBOURNE FL 32904
321 676 4733

10 - 30 - 2003

ATTN

KATHERINE HARRIS
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P. O. BOX 6327
TALLAHASSEE FLORIDA 32314

DEAR MISS HARRIS,

I AM VERY SORRY TO TROBLE YOU WITH THIS. LAST YEAR I CHANGED MY ADDRESS WITH THE DIVISION OF CORPORATIONS, BUT THEY STILL SEND LETTERS TO OLD ADDRESS. [DADE CITY and PO BOX]

On 10-10-03 I spoke to Miss KATHY KASHTON who said she would correct my Address. I called because I Remember Doing some papers with DIVISION OF CORPORATION Last Year. I did not see papers THIS year And started to worry. When I called to TALK to Miss KATHY She said she would change my address From P.O. box and Made City to 4762 SPLIT RAIL PLACE, MELbourne FL 32904 Miss KATHY TOLD me TO send A CHECK For $150.00. I have Send THIS WITH THIS Letter. Please IF you CAN help ME IT would be very APPRECIATED THANK you GABRIEL J MANCUSO

Gabriel J Mancuso