

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
10 APR 29 AM 11:33  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P01000057689

1. Corporation Name

Flying Eagle Aviation, Inc.

200178577882  
04/29/10--01007--017 \*\*758.75

**REINSTATEMENT 06-10**

2. Principal Office Address - No P.O. Box #

5834 Guenevere Court

Suite, Apt. #, etc.

3. Mailing Office Address

5834 Guenevere Court

Suite, Apt. #, etc.

City & State

Saint Cloud FL

City & State

Saint Cloud FL

Zip

34772

Country

USA

Zip

34772

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 06/30/2001

5. FEI Number

59-3723586

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

Roger H. Frechette

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

5834 Guenevere Court

Suite, Apt. #, Etc.

City

Saint Cloud

State

FL

Zip Code

34772

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 of Roger H. Frechette]*  
REGISTERED AGENT MUST SIGN

Date 04/17/2010

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/D	Roger H Frechette	5834 Guenevere Court	Saint Cloud FL 34772

10. E-mail Address: mike@mpccpacfl.com

(To be used for future annual report notification)

11. 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. I further certify, 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]*

Roger H. Frechette

04/17/2010

407-414-8359

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30