PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAR 14 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000081042

1. Corporation Name
Grantech Aviation Inc.

REINSTATEMENT 04-05

2. Principal Office Address	3. Mailing Office Address
1020 N.W. 62nd St.	4132 Cocoplum Cir
Suite, Apt. #, etc. Hangar # 9	Suite, Apt. #, etc.
City & State Ft. Lauderdale Fl.	City & State Coconut Creek Fl.
Zip 33309 Country U.S.A.	Zip 33063 Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: Aug. 13, 2001

5. FEI Number: 651133443 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Michael P. Grant

Street Address (P.O. Box Number is Not Acceptable): 4132 Cocoplum Circle

100043808521
01/03/05--01047--002 **150.00

Suite, Apt. #, Etc.

City: Coconut Creek State: FL Zip Code: 33063

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 _____ Date 12/29/04

REGISTERED AGENT MUST SIGN

CR2E081 (1-04)

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	Michael P. Grant	4132 Cocoplum Cir.	Coconut Creek Fl. 33063
V	Michael M. Grant	4132 Cocoplum Cir.	Coconut Creek Fl. 33063

100043808521
04/13/05--01058--026 **758.75

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

Date 12/29/04 Daytime Phone #