2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000101511

Entity Name: AVIATION SAFETY OVERSIGHT GROUP, INC.

FILED Jul 15, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
99198 OVERSEAS HIGHWAY	457 SE 20TH DRIVE
SUITE 7	HOMESTEAD, FL 33033

KEY LARGO, FL 33037

New Mailing Address: Current Mailing Address:

P O BOX 661217 99198 OVERSEAS HIGHWAY SUITE 7 MIAMI, FL 33266 KEY LARGO, FL 33037

FEI Number: 80-0029552 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PERKINS, GARY PERKINS, GARY K 457 SE 20TH DRIVE 99198 OVERSEAS HWY/STREET HOMESTEAD, FL 33033 US KEY LARGO, FL 330372437 US

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.

SIGNATURE: GARY K PERKINS 07/15/2005

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS () Delete Title: (X) Change () Addition PERKINS, GARY A PERKINS, GARY K Name: Name: POST OFFICE BOX 7245 457 SE 20TH DRIVE Address: Address: City-St-Zip: MIAMI, FL 33154 City-St-Zip: HOMESTEAD, FL 33033

Title: () Delete Title: () Change (X) Addition

Name: Name: SHERMAN, LAURA L 457 SE 20TH DRIVE Address: Address: HOMESTEAD, FL 33033 City-St-Zip: City-St-Zip:

Title: Title: () Change (X) Addition () Delete

PERKINS, KIP S Name: Name: 1935 DUNEDIN DRIVE Address Address: City-St-Zip: City-St-Zip: OLD HICKORY, TN 37138

Title: () Delete Title: () Change (X) Addition

PERKINS, CASEY S Name: Name: Address: Address: 621 CREEKFRONT DRIVE City-St-Zip: City-St-Zip: MT. JULIET, TN 37122

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA L SHERMAN S 07/15/2005