

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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11/21/02--01104--005 \*\*158.75

**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P 01000103068

**1. Corporation Name**  
ATMOSPHERE AVIATION INC.

**2. Principal Office Address**  
2211 NW 55<sup>th</sup> COURT  
Suite, Apt. #, etc.  
HANGAR 12

**3. Mailing Office Address**  
2211 NW 55<sup>th</sup> COURT  
Suite, Apt. #, etc.  
HANGAR 12

**City & State**  
FORT LAUDERDALE FLORIDA

**Zip** FL 33309 **Country** USA

**4. Date Incorporated or Qualified To Do Business in Florida** 10/24/2001

**5. FEI Number** 65-1150501  
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** LASCELLES A. WILLIAMS

**Street Address (P.O. Box Number is Not Acceptable)** 1040 SEMINOLE DRIVE

**Suite, Apt. #, Etc.** APT. 1454

**City** FORT LAUDERDALE **State** FL **Zip Code** 33304

**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** *M Williams* **REGISTERED AGENT MUST SIGN** **Date** 11/19/2002

**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.	WILLIAMS, GARTH	1040 SEMINOLE DRIVE APT. 1454	FT. LAUDERDALE, FLORIDA 33304
V.	FRATER, MARC-PHILIP	1040 SEMINOLE DRIVE APT. 957	FT. LAUDERDALE, FLORIDA 33304
S.	WILLIAMS, LASCELLES	1040 SEMINOLE DRIVE APT. 1454	FT. LAUDERDALE, FLORIDA 33304

**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 correct, and my signature shall have the same legal effect as if made under oath.**

**SIGNATURE:** *Marc-Philip Frater* **MARC-PHILIP FRATER** **Date** 11/19/2002 **Daytime Phone #** 954-229-3250

CR2E081 (8/01)

1/25



**ATMOSPHERE AVIATION**

A Private Travel Company

Phone: (954) 229-3250 Fax: (954) 229-7482 Email: Info@AtmosphereAviation.com

November 19, 2002

Secretary of State,  
Florida Department of State,  
Division of Corporations,  
P. O. Box 6327,  
Tallahassee, Fl. 32314.

Dear Sir,


Uniform Business Report.

Enclosed herewith is the Corporation Reinstatement Form duly completed in respect of **Atmosphere Aviation Inc.**

We apologize for the non-filing of the report on the due date. This was due to the non-receipt of the UBR form, caused by the change of the Corporation's mailing address.

In view of the above, we hereby request a waiver of the fees and enclose our check in the sum of \$158.75 to cover the cost of reinstatement and for a Certificate of Status.

Yours faithfully,  
Atmosphere Aviation, Inc.

  
Lascelles A. Williams  
Secretary.