PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION										
FOR										
EINSTATEMEN										



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000119398

1. Corporation Name

CENTRAL FLORIDA GROUND CONTROL, INC.

Principal Place of Business

Mailing Address

PO BOX 403

PO BOX 403



03 JAN 17 AM 8:5

GENEVA FL 32732			GENEVA FL 32732							
lf above		in a sure of the constraint than the							;	
If above addresses are incorrect in any way, line through incorrect information and 2. New Principal Office Address, If Applicable 3. New Mailing Office Address							4. Date Incorpo	orated or Qualified	i	
Suite And H				Ata.			To Do Business in Florida 12/17/2001			
Suite, Apt. #, etc. Suite				Suite, Apt. #, etc.			5. FEI Number	_	, L	Applied For
City & State			City & State						lot Applicable	
Zip		Country	Zip		Country		6. CERTIFICATE	OF STATUS DESIRED		al Fee required ate of Status
7. Names	and Street Ad	dresses of Each Officer an	d/or Director (Flo	rida nonprol	fit corporation	ns must list at lea	ast 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip		
D	BROOKS, TIMOTHY M			PO BOX	PO BOX 403			GENEVA FL 32732		
0	O BROOKS Thomas M Ro.				lat 403	318 SA	ATOW	BONDH A	2 32738	> -
				B			300	0010179	<u> </u> 3923	
		TATPLEEL	IT A		17		01/17/0	0010179 30101200	i2 *∲900.0)0
	EIN3	TATEMEN		#	7		300 01/17/0	0010179 80101200	9923 3 **8.75	
8. Name and Address of Current Registered Agent				<u> </u>	9. Name and Address of New Registered Agent					
		***************************************			1	Name				
BROOKS, TIMOTHY M 318 SANDY TOP LANE					-	Street Address (P.O. Box Number is Not Acceptable)				3,500
GENEVA FL 32732				Suite, Apt. #, Etc.						
				-	City State				1	
10. I, bein	ng appointed th	ne registered agent of the al	oove named corp	oration, am f	amiliar with a	and accept the o	bligations of Section	on 607.0505, F.S. or 61	. 	
Signature Registered	of d Agent	Samothy	REGISTERED AC			RED		Date	17-03	
11. I certif	y that I am an	officer or director or the rec	eiver or trustee er	npowered to	execute this	s application as p	provided for in cha	pter 607 or 617, F.S. I 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

SIGNATURE: SIGNATURE AND TYPED OPERATED NAME OF SIGNING OFFICER

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

1-17-03 (407) 347-\$1