PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 FEB -9 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000011354

1. Corporation Name
MCC AVIATION, INC.

300025695203
02/09/04--01055--029 **150.00

300025695203
12/23/03--01002--025 **750.00

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
901 Lake Destiny Drive	same
Suite, Apt. #, etc.: Suite 370	Suite, Apt. #, etc.
City & State: Maitlanad, Florida	City & State
Zip: 32751 / Country: U.S.A.	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida 1/28/2002

5. FEI Number 01-0586866 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Andrew L. McCorkle

Street Address (P.O. Box Number is Not Acceptable): 901 Lake Destiny Drive

Suite, Apt. #, Etc.: Suite 370

City: Maitland, State: FL Zip Code: 32751

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: Andrew L. McCorkle — REGISTERED AGENT MUST SIGN

Date: 11/24/2003

CR2E061 (10/02)

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	ANDREW L. MCCORKLE	901 Lake Destiny Dr., Suite 370	Maitland, FL 32751

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: Andrew L. McCorkle — ANDREW L. MCCORKLE — 11/24/2003 — (407) 875-3540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #