

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB 25 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000013883

1. Corporation Name

ROBERT JOHN AIRCRAFT SERVICES, INC.

2. Principal Office Address

10344 S.W. 129TH TERRACE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33176

Country

U.S.A.

3. Mailing Office Address

10344 S.W. 129TH TERRACE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33176

Country

U.S.A.

REINSTATEMENT 02-24

4. Date Incorporated or Qualified To Do Business in Florida

02/06/02

5. FEI Number

90-0008664

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

RONALD O. MACKENDREE, CPA

Street Address (P.O. Box Number is Not Acceptable)

6701 SUNSET DRIVE, SUITE #101

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33176

400029331884

02/25/04--01007--010 **900.00

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

Ronald O. Mackendree
REGISTERED AGENT MUST SIGN

Date 2/16/04

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	ROBERT J. CRAIG	10344 S.W. 129TH TERRACE	MIAMI, FLORIDA 33176

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 2-16-04 X 365 252 9700

CR2E081 (01/04)