

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 11 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000044023

1. Corporation Name

South East Aircraft Consulting

700030250647
03/11/04--01004--003 **908.75

2. Principal Office Address
6155 NW 40th Street

3. Mailing Office Address
6155 NW 40th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Coral Springs, FL

City & State
Coral Springs, FL

Zip
33067

Country
U.S.

Zip
33067

Country
U.S.

REINSTATEMENT

03-04

**4. Date Incorporated or Qualified
To Do Business in Florida 4/23/2002**

5. FEI Number
043648437

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
Dubrow Duker & Associates, P.A.

Street Address (P.O. Box Number is Not Acceptable)
2832 University Drive

Suite, Apt. #, Etc.

City
Coral Springs

State
FL

Zip Code
33065

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

**Signature of
Registered Agent**

[Signature]

Date 3/8/04

REGISTERED AGENT MUST SIGN

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	Kenneth Murray	6155 NW 40th Street	Coral Springs, FL 33067
T	Caroline Murray	6155 NW 40th Street	Coral Springs, FL 33067

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)(l), 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:

[Signature]
KENNETH P. MURRAY

3/3/2004

954-227-8647

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRS081 (01/04)

153