

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000074402 1. Entity Name J.A. AVIATION, INC.				 <div style="text-align: right;"> FILED 2008 OCT 24 PM 4:41 CLERK OF STATE TALLAHASSEE, FLORIDA 10212008 REIN-P CR2E098 (1/07) </div>	
Principal Place of Business 4605 EAST 4TH AVENUE HIALEAH, FL 33013				Mailing Address 4605 EAST 4TH AVENUE HIALEAH, FL 33013	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 01-0732914				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARELLANO, JOHNNY E 4605 EAST 4TH AVENUE HIALEAH, FL 33013			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARELLANO, JOHNNY E 4605 EAST 4TH AVENUE HIALEAH, FL 33013	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARELLANO, JOHNNY E 4605 EAST 4TH AVENUE HIALEAH, FL 33013	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARELLANO, JOHNNY E 4605 EAST 4TH AVENUE HIALEAH, FL 33013	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			900137251159 10/24/08--01026--015 **150.00		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			10-20-08 <small>Date Daytime Phone #</small>		