




PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 NOV 29 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (1/07)

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000116480			
1. Corporation Name ALLSTAR AVIATION, INC			
2. Principal Office Address - No P.O. Box # 6575 CONSTANCE ST		3. Mailing Office Address Same as principal address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LAKE WORTH FL		City & State	
Zip 33467	Country USA	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 10/29/2002		5. FEI Number 651160492	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		Applied For Not Applicable	
7. Name and Address of Current Registered Agent Name SHAHZADA S JANJUA Street Address (P.O. Box Number is Not Acceptable) 6575 CONSTANCE ST Suite, Apt. #, Etc. City LAKE WORTH State FL Zip Code 33467		8. The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. <input checked="" type="checkbox"/> Wrong address got mailed notices?	
9. 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  Date 11/27/2007 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
PD	Shahzada Janjua	6575 CONSTANCE ST LAKE WORTH, FL 33467	LAKE WORTH, FL 33467
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 contained in Chapter 119, 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: 		954249 9373 11/27/2007 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			