2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 OCT 20 PM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000006852

1. Entity Name
ROBERT LUDLAM AVIATION, INC.

Principal Place of Business	Mailing Address
545 JEFFERSON DR. #104 DEERFIELD BEACH, FL 33442	545 JEFFERSON DR. #104 DEERFIELD BEACH, FL 33442

REINSTATEMENT 2005
WOP

2. Principal Place of Business	3. Mailing Address
23130 Floralwood Lane	23130 Floralwood Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton FL	City & State: Boca Raton, FL
Zip: 33433 Country: Palm Beach	Zip: 33433 Country: Palm Beach

4. FEI Number: 16-1646770 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LUDLAM, ROBERT 545 JEFFERSON DR #104 DEERFIELD BEACH, FL 33442	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 Robert K. Ludlam (PD) 10-19-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2006, 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 LUDLAM, ROBERT 545 JEFFERSON DR. #104 DEERFIELD BEACH, FL 33442 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition PD Ludlam, Robert 23130 Floralwood Lane Boca Raton, FL 33433
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000060820930 10/20/05--01044--004 **158.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: Robert K. Ludlam (PD) 10-19-05 954-683-9750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #