

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

04 JUN 18 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P03 0000 10666**

1. Corporation Name

AERO GROUP, INC.

400038142394

06/21/04--01086--019 **150.00

2. Principal Office Address

6213 AVIATION AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL.

City & State

SAME

Zip

32221

Country

USA

Zip

SAME

Country

SAME

4. Date Incorporated or Qualified
To Do Business in Florida

01/29/03

5. FEI Number

43-1994486

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

MARK DANIELS

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

6213 AVIATION AVE.

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32221

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

[Signature]

Date

06/15/04

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
D/OB/P	MARK DANIELS	6213 AVIATION AVE.	JACKSONVILLE, FL. 32221
D/V.P	FRED DANIELS	6213 AVIATION AVE.	JACKSONVILLE, FL. 32221
D/S/T	VICTOR MILLER	6213 AVIATION AVE.	JACKSONVILLE, FL. 32221

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/15/2004 904 908 9088

Date

Daytime Phone #

FL. SEC. STATE
MS. SUSAN PAYNE

CP2E081 (01/04)

ITTC
International Tactical Training Center
Cecil Field Commerce Center Jacksonville Florida

AEROGROUP, INC.

6213 Aviation Ave.
Jacksonville, FL. 32221
PH (904) 908-9088 FAX (904) 908-9208

June 15, 2004

Ms. Susan Payne
Department of State-Division of Corporations
409 E. Gains St.
Tallahassee, FL 32399

RE: DOCUMENT # P03000010666

Dear Susan:

Following our discussion today, please find this letter with the enclosed documents.

As we discussed, we were not aware of the withdrawal of the registered agent filed by Mr. Kelly. We had moved from our location in Melbourne to Jacksonville and have experienced great difficulty in receiving mail at our new facility due to the fact that it was formerly a Navy installation and the addresses are not marked well. We are the newest tenant since the Navy moved out of the building and the new post office is not familiar with the address during the period of time that this situation occurred.

I appreciate your taking special exception in this matter regarding the reduced fee in reinstating the entity.

If you have any questions or need additional information, please call me at the numbers above.

Thank you again for your assistance.



Mark Daniels, CEO

AeroGroup

MD/sls

Encl.