2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000010666

Entity Name: AEROGROUP, INC.

FILED Dec 19, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6213 AVIATION AVE. JACKSONVILLE, FL 32221

Current Mailing Address: New Mailing Address:

6213 AVIATION AVE. JACKSONVILLE, FL 32221

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DANIELS, MARK
6213 AVIATION AVE.
MILLER, VICTOR
6213 AVIATION AVE.
6213 AVIATION AVE.

JACKSONVILLE, FL 32221 US JACKSONVILLE, FL 32221 US

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.

SIGNATURE: VICTOR MILLER 12/19/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO () Delete Title: P (X) Change () Addition

 Name:
 DANIELS, MARK
 Name:
 MILLER, VICTOR

 Address:
 6213 AVIATION AVE.
 6213 AVIATION AVE.

 City-St-Zip:
 JACKSONVILLE, FL 32221
 City-St-Zip:
 JACKSONVILLE, FL 32221

Title: CD (X) Delete Title: () Change () Addition

 Name:
 DANIELS, MARK
 Name:

 Address:
 6213 AVIATION AVE.
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32221
 City-St-Zip:

 Name:
 DANIELS, FRED
 Name:

 Address:
 6213 AVIATION AVE.
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32221
 City-St-Zip:

Title: STD (X) Delete Title: () Change () Addition

 Name:
 MILLER, VICTOR
 Name:

 Address:
 6213 AVIATION AVE.
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32221
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTOR MILLER P 12/19/2005