2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000019681

Entity Name: SUKIE'S AVIATION CONSULTANT, INC.

FILED Mar 09, 2005 Secretary of State

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

11855 NE 19TH DRIVE 1855 NE 121 STREET SUITE #10 SUITE #12 MIAMI, FL 33181 MIAMI, FL 33181

Current Mailing Address: New Mailing Address:

11855 NE 19TH DRIVE 1855 NE 121 STREET SUITE #10 SUITE #12 MIAMI, FL 33181 MIAMI, FL 33181

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

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

ELIZABETH, SUKIE ELIZABETH, SUKIE 11855 NE 19TH DRIVE 1855 NE 121 STREET SUITE #10 SUITE 12 MIAMI, FL 33181 US MIAMI, FL 33181 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: ELIZABETH SUKIE 03/09/2005

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: () Delete Title: (X) Change () Addition SUKIE, ELIZABETH PAMPHILE, JODELLE Name: Name:

11855 NE 19TH DRIVE, SUITE #10 Address: 1855 NE 121 STREET SUITE 12 Address:

City-St-Zip: MIAMI, FL 33181 City-St-Zip: MIAMI, FL 33181

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

Name: Name: SUKIE. ELIZABETH

Address: Address: 1855 NE 121 STREET SUITE 12

MIAMI, FL 33181 City-St-Zip: 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 Statutés. 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.

Ρ SIGNATURE: JODELLE PAMPHILE 03/09/2005