PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10 JUN 28 PM 2:38

DOCUMENT # P03000026982

1. Corporation Name

Zangeneh Aeonautics Consulting, Inc.

600182680236
06/28/10--01048--006 **1200.00

REINSTATEMENT 07-12

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4327 South Highway 27	4327 South Highway 27
Suite, Apt. #, etc.: 404	Suite, Apt. #, etc.: 404
City & State: Clermont, Florida	City & State: Clermont, Florida
Zip: 34711 Country: US	Zip: 34711 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 03/07/2003

5. FEI Number: 42-1585822 ☐ 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: David Gaynes, Esq.

Street Address (P.O. Box Number is Not Acceptable): 4327 South Highway 27,

Suite, Apt. #, Etc.: 404

City: Clermont State: FL Zip Code: 34711

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: David Gaynes Date: 6/25/10

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
Pres	Moshen Zangeneh	1470 NE 4th Avenue	Boca Raton, Florida 33432

10. E-mail Address: gaynesd@msn.com

(To be used for future annual report notification)

11. 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. I further certify, 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: Moshen Zangeneh 6/25/10 954-445-7357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6/29 ew