2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000037936

1. Entity Name
REVOLUTION AVIATION, INCORPORATED

FILED
05 JUL -8 PM 2:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

07/12/04 90029 029 $50.00

04082005 REIN-P CR2E098 (6/04)

Principal Place of Business	Mailing Address
1990 SW 19TH ST WILLISTON, FL 32696	1990 SW 19TH ST WILLISTON, FL 32696

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 80-0065859 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
660 EAST JEFFERSON STREET
TALLAHASSEE, FL 32301-0000

7. Name and Address of New Registered Agent

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 Mark Schiff, AVP Business Filings Incorporated 6/30/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOELLMAN, DENNIS E 1383 N. CAROLINA AVE. NE WASHINGTON, DC 20002	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, THOMAS M 15405 GRASS KEY CT., #701 CORPUS CHRISTI, TX 78418	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000350255154 04/08/05--01352--001 **350.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FUNNEMARK, DENNIS F 44 MARINA COVE DR NICEVILLE, FL 32578	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARGROVE, BOON A 10520 S. HWY. 441 BRONSON, FL 32621	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHAPIN, PETER B 6845 NE 97TH TERRACE BRONSON, FL 32621	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	7/14 ☐ 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: DENNIS MOELLMAN 4/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #