

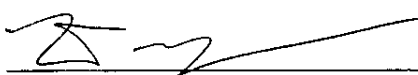


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; align-items: center; justify-content: center;"><div style="text-align: center;">CORPORATION REINSTATEMENT</div><div style="margin: 0 10px;"></div><div style="text-align: center;">FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</div></div>		<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">09 JUN 23 AM 8:36</div> <div style="font-size: 0.8em; margin-bottom: 10px;">OFFICE OF THE SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="font-size: 1.2em; font-weight: bold; margin-bottom: 10px;">500156722855</div> <div style="font-size: 0.8em; margin-bottom: 10px;">06/03/09--01006--026 **1050.00</div> <div style="font-size: 1.5em; font-weight: bold; margin-bottom: 10px;">REINSTATEMENT</div> <div style="font-size: 1.2em; margin-bottom: 10px;">CR2808 (12/08) 07-09</div>	
DOCUMENT # P04000043632			
1. Corporation Name Grass Roots Air Park Development, Inc.			
2. Principal Office Address - No P.O. Box # 808 W. New Hampshire Street Suite, Apt. #, etc.		3. Mailing Office Address 808 W. New Hampshire Street Suite, Apt. #, etc.	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32804	Country USA	Zip 32804	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 03/10/2004			
5. FEI Number 200862499		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Name David C. Gay</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Street Address (P.O. Box Number is Not Acceptable) 808 W. New Hampshire Street</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Suite, Apt. #, Etc.</div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">City Orlando</div><div style="border: 1px solid black; padding: 2px;">State FL</div><div style="border: 1px solid black; padding: 2px;">Zip Code 32804</div></div>			
<div><input type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.</div>			
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 60%;">Signature of Registered Agent </div><div style="width: 35%; text-align: right;">Date 5/22/09</div></div> <div style="text-align: center; margin-top: 5px;">REGISTERED AGENT MUST SIGN</div>			
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/P	David C. Gay	808 W. New Hampshire Street	Orlando, FL 32804
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 contained in Chapter 119, 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.			
<div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 60%;">SIGNATURE: </div><div style="width: 35%; text-align: right;">Date 5/22/09</div></div> <div style="text-align: center; margin-top: 5px;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div>			