

## 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000161753</b> 1. Entity Name ULTIMATE AIRCRAFT APPEARANCE OF FLORIDA, INC.						FILED 05 NOV 22 PM 1:10 TALLAHASSEE, FLORIDA SECRETARY OF STATE	
Principal Place of Business BUILDING 79 JFK INTERNATIONAL AIRPORT JAMAICA, NY 11430			Mailing Address BUILDING 79 JFK INTERNATIONAL AIRPORT JAMAICA, NY 11430				
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country		Zip			
4. FEI Number						<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>							
6. Name and Address of Current Registered Agent  SPARACINO, CHRISTOPHER 604 N.E. 2ND STREET, APT. 327, BUILDING 2 DANIA BEACH, FL 33004				7. Name and Address of New Registered Agent Name <b>SPARACINO CHRISTOPHER</b> Street Address (P.O. Box Numbers Not Acceptable) <b>750 SW 34 STREET</b> City <b>FT LAUDERDALE</b> <b>FL</b> Zip Code <b>33105</b>			
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2006, Fee will be \$900.00</b>							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE <b>PRESIDENT</b> <input type="checkbox"/> Delete NAME <b>CHRISTOPHER SPARACINO</b> STREET ADDRESS <b>JFK AIRPORT BLDG 79 CARGO</b> CITY-ST-ZIP <b>JAMAICA NY 11430</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100061636451</b> <b>11/22/05--01083--013 **758.75</b>			
TITLE <b>VICE PRESIDENT</b> <input type="checkbox"/> Delete NAME <b>SALVATORE FURMANI</b> STREET ADDRESS <b>135 RUSTIC PL</b> CITY-ST-ZIP <b>SUTTER ISLAND NY 10368</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> 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: <b>11-14-05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							