

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**  
**Dec 11, 2006**  
**Secretary of State**

DOCUMENT# P05000018930

Entity Name: MATRIX AIRCRAFT, INC.

**Current Principal Place of Business:**

9300 NORMANDY BLVD.  
HANGAR 5, SUITE 13  
JACKSONVILLE, FL, FL 32221

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 550660  
JACKSONVILLE, FL 32255

**New Mailing Address:**

FEI Number: 20-3078186

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DAVIS, ROBERT B  
4402 OLD SALISBURY ROAD  
JACKSONVILLE, FL 32216 US

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

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: ROBERT B. DAVIS

\_\_\_\_\_  
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:**

Title: P ( ) Delete  
Name: DAVIS, ROBERT B  
Address: P.O BOX 550660  
City-St-Zip: JACKSONVILLE, FL 32255

Title: VP ( ) Delete  
Name: HOUSEHOLDER, STEVE  
Address: 9300 NORMANDY BLVD, HANGAR 5, SUITE 13  
City-St-Zip: JACKSONVILLE, FL 32221

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. 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.

SIGNATURE: ROBERT B DAVIS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

12/11/2006

\_\_\_\_\_  
Date