

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 OCT -3 PM 4:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

P05000105901

AIRCRAFT MRD, INC.

REINSTATEMENT 06-08

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #

3980 AIRPORT ROAD #5

Suite, Apt. #, etc.

box #5

City & State

BOCA RATON, FLORIDA

Zip

33431

Country

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Same

City & State

FLORIDA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

13 MAY 2005

5. FEI Number

20-3198942

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

DEWAYNE THAMES

Street Address (P.O. Box Number is Not Acceptable)

3980 AIRPORT ROAD #5

Suite, Apt. #, Etc.

#5

City

BOCA RATON

State

FL

Zip Code

33431

☐ 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.

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

DEWAYNE THAMES *Dewayne Thames*

REGISTERED AGENT MUST SIGN

Date 24 SEPT 08

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	DEWAYNE THAMES	3980 AIRPORT ROAD BOX#5	BOCA RATON, FLORIDA 33431

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10/03/08--01058--013 \*\*1050.00

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.

SIGNATURE: DEWAYNE THAMES *Dewayne Thames*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 SEPT 08  
Date

561-239-3100  
Daytime Phone #

10/2