

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P16878

1. Corporation Name

AVIATION CONSTRUCTORS, INC.

Principal Place of Business

2690 CUMBERLAND PKWY., SUITE 500  
ATLANTA GA 30339

Mailing Address

2690 CUMBERLAND PKWY., SUITE 500  
ATLANTA GA 30339

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

SUITE 500

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

SUITE 500

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/19/1987

5. FEI Number

58-1742184

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
T	HARBOUR, KENNETH	2690 CUMBERLAND PKWY., SUITE 500	ATLANTA GA 30339
DP	STRATTON, TERRY A	12 VALE CLOSE	ATLANTA GA 30324
D	CLEVELAND, SR J.R.	670 ATLANTA COUNTRY CLUB	MARIETTA GA 30067
DP	STRATTON, TERRY	2021 LENOX ROAD	ATLANTA GA
D	STRATTON, TODD A	1401 W PAGES FERRY RD. #1015 5653 TROWBRIDGE DRIVE	ATLANTA GA 30338
S	BEERS, JAMES P	2815 KINNETT DRIVE	LILBURN GA 30047

8. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

500003019035--4  
-10/19/99--01095--006  
\*\*\*\*750.00 \*\*\*\*750.00

9. Name and Address of New Registered Agent

Name  
CT CORPORATION SYSTEM  
Street Address (P.O. Box Number is Not Acceptable)  
1200 SOUTH PINE ISLAND ROAD  
Suite, Apt. #, Etc.

City  
PLANTATION

State  
FL

Zip Code  
33324

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*DALE W. MORRIS*

DALE W. MORRIS

Date

10/12/99

REGISTERED AGENT MUST SIGN

ASSISTANT SECRETARY

11. 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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES P. BEERS

10/12/99

Date

770-431-0800

Daytime Phone #