

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 13 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P16878

1. Corporation Name

AVIATION CONSTRUCTORS, INC.

2. Principal Office Address

2690 Cumberland Pkwy.

Suite, Apt. #, etc.

Suite 500

City & State

Atlanta, GA

Zip

30339

Country

U.S.A.

3. Mailing Office Address

1525 Richard Petty Blvd.

Suite, Apt. #, etc.

City & State

Daytona Beach

Zip

32114

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/19/1987

5. FEI Number

581742184

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Barbara J. Christman

BARBARA J. CHRISTMAN

Date

12-11-02

REGISTERED AGENT MUST SIGN

AUTHORIZED REPRESENTATIVE

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
T	Kenneth Harbour	2690 Cumberland Pkwy. Suite 500	Atlanta, GA 30339
DP	Terry A. Stratton	12 Vale Close	Atlanta, GA 30324
D	J. R. Cleveland, Sr.	670 Atlanta Country Club	Marietta, GA 30067
D	Todd A. Stratton	5633 Towbridge Dr.	Atlanta, GA 30338
S	Ron Pearce	2690 Cumberland Pkwy. Suite 500	Atlanta, GA 30339

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 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

Date

Daytime Phone #

Terry A. Stratton
PRESIDENT 12.6.02 704-31-0800

CR2E081 (9/01)