PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICA	TION	
REINSTAT	Lua	
HEINSWAY		WE TO SE

FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State **DIVISION OF CORPORATIONS**

P21323 **DOCUMENT #**

1. Corporation Name

Prin

PEGASUS AIRWAVE INC.

cipal Place of Business		Mailing A	ddre
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791 PARK OF COMMERCE BLVD.

500

BOCA RATON FL 33487

US

50 N GARY AVE ROSELLE IL 60172

US

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

FILED

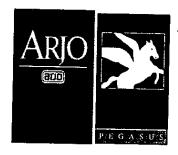
02 NOV -4 PM 2: 25

SECRETARY OF JUNE TALLAHASSEE. FLORIDA



If above a	addresses are	incorrect in any way, line th	nrough incorrect i	nformation a	and enter correction below					
		ing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 10/17/1988						
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.		5 EEI Number					
City & State City & Sta		City & State			36-3606414		Applied For Not Applicable			
Zip Country Zip			Country 6.			6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee require 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)										
Title(s)	2	Name of Officers and/or Directors			Street Address of Eacl Officer and/or Directo					
Р	SCAVUZZ	O, ROSS		50 N GARY AVE			ROSELLE IL 60172			
٧	SMITH, RIC	CK	791 PARK OF COMMERCE BLVD		. # 500	BOCA-RATON FL-33487				
Τ	MARTONE	LARRY		1777 E HENNETTA ROAD			ROCHESTER NY 14623			
SC	KRATZAR,	ALAN		50 N GARY AVENUE		ROSELLE IL 60172				
			<u> </u>		Jan	801 11/04/1	000879082 0201101005 *	28 *150.	.00	
	8. Name	e and Address of Current	Registered Age	nt		9. Name and Address of New Registered Agent				
THE PRENTICE HALL CORPORATION COOTES INC.										
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET Street Address (I				.O. Box Number is Not Acceptable)						
SUITE 105 Suite, Apt. #, Etc										
TALLAHASSEE FL 32301			, ,							
					City		State	Zip Cod	ie	
10. I, being Signature of Registered A		registered agent of the abo	HURE	ration, am fa	QUIRED	oligations of Section	on 607.0505, F.S. or 617.0505,	F.S.		
4110 101113	ratement appi	ficer or director or the receivication, the reason for disso	rution nas been e	eliminated, tr	10 corporate name satisfies t	rovided for in chap the requirements of	oter 607 or 617, F.S. I further ce of section 607.0401 or 617.040	rtify that	when filing hat 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



October 31, 2002

Division of Corporations PO Box 6327 Tallahasse, FL 32314-6327

Re: 36-3606414

To Whom It May Concern:

Cathim I In

Enclosed is a check for \$150.00 to reinstate Pegasus Airwave. We did not receive any prior notices before this revocation notice. Please contact me at 630-307-6142 should you need any further information to reinstate the company.

Sincerely,

Catherine Filar_ Senior Accountant

Arjo/Pegasus 50 N. Gary Ave. Roselle, il. 60172

TELEPHONE 1-800-323-1245

FACSIMILE 1-888-594-ARJO