

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 29 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

JONAS AIRCRAFT & ARMS CO., INC.

P 24519

2. Principal Office Address

21011 JOHNSON STREET

Suite, Apt. #, etc.

111

City & State

PEMBROKE PINES, FLORIDA

Zip
33029

Country
USA

3. Mailing Office Address

21011 JOHNSON STREET

Suite, Apt. #, etc.

111

City & State

PEMBROKE PINES, FLORIDA

Zip
33029

Country
USA

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

5. FEI Number

135608065

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

000020251040

05/29/03--01038--015 **908.75

REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

MAGALY OSORIO

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

16800 SW 36th COURT

Suite, Apt. #, Etc.

City

MIRAMAR

State
FL

Zip Code
33027

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

Magaly Osorio

REGISTERED AGENT MUST SIGN

Date MAY 27, 2003

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
P	GEOFFREY S. STEINEMANN	73 DEAN ROAD	MENDHAM, N.J. 07945

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:

Geoffrey S. Steinemann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 27, 2003 (954) 430-0450

Date

Daytime Phone #

CR2E081 (10/02)

7/5/20