PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham **FOR** Secretary of State REINSTATEMENT FILED DIVISION OF CORPORATIONS 96 DEC 26 AM 7:55 P92000006496 DOCUMENT # 1 Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA PHIL AIR FLIGHT CENTER, INC. Principal Place of Business ... Mailing Address 1585 AVIATION CENTER PARKWAY 1505 AVIATION CENTER PARKWAY BUILDING I BUILDING I TEMENT 1 996 more DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified
To Do Business in Florida 11/03/1992 Suite, Apt. #, etc. SV 1TE 900 Suite, Apt. # etc. 5. FEI Number Applied For 59-3153499 City & State City & State Not Applicable 6. Zip Country Country CERTIFICATE OF STATUS DESIRED 7 Names and Street Addresses of Each Officer and/or Director (Florida nonprolit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Title(s) City / State / Zip Officer and/or Director (Do NOT Use Post Office Box Numbers) PD HERRON, PHILLIP 430-TRAILWOODS PORT-ORANGE FL 1585 Aviation Center Parkway, Daytona Beach, FL 600002042246---12/31/96--01061--005 ****375.00 ****375.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent HERRON, PHILLIP J38 TRAILWOODS PORT ORANGE FL 32127 State Zip Code 10 l. 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 Date REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Yes M Dept. of Revenue under S. 199.032, Florida Statutes. 12 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 filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name salisfies 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 eath. 10-23-96 (904)253-9222 SIGNATURE:

VATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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