CAPITAL CONNECTION 850 222 1222 03/30 '98 12:01 NO.917 02/02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 97-98

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

98 APR -1 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000066472

1. Corporation Name

KANDLE AVIATION, INC.

Principal Place of Business	Mailing Address
472 DEWARS CT. WINTER SPRINGS, FL 32708	SAME

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
472 DEWARS CT.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WINTER SPRINGS, FL	City & State
Zip: 32708 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 9/9/94

5. FEI Number: 59-3275696 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	D. KIM HACKETT	472 DEWARS CT.	WINTER SPRINGS FL 32708

000002478890--3
04/08/98-01002-011
****900.00 ****900.00

REINSTATEMENT 97-98

A. Allen
4/1/98

8. Name and Address of Current Registered Agent

D. KIM HACKETT
1722 HOFFNER AVE.
ORLANDO, FL 32809

9. Name and Address of New Registered Agent

Name: ROBERT M. GREENBERG
Street Address (P.O. Box Number is Not Acceptable): 600 N. HWY 17-92
Suite, Apt. #, etc.: SUITE 122
City: LONGWOOD State: FL Zip Code: 32750

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: [signature] Date: 3/30/98
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No [ ] (See other side for information on intangible tax.)

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 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] 3/30/98 (407) 767-2070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
D. KIM HACKETT