

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	APPROVED AND FILED 97 FEB 26 AM 8:53 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # P94000076690 1. Corporation Name COMANCHE AVIATION, INC.		700002100167--5 -02/27/97--01075--004 ***1080.00 ***1080.00	
Principal Place of Business 1400 N.E. 55TH STREET #204 FT. LAUDERDALE FL 33334		Mailing Address 1400 N.E. 55TH STREET #204 FT. LAUDERDALE FL 33334	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable 5500 NW 21 TRAIL Suite, Apt. #, etc. Hangar 28 D City & State Ft. Lauderdale, FL Zip 33309		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
		4. Date Incorporated or Qualified To Do Business in Florida 10/17/1994	
		5. FEI Number 65-0524911	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	PURDY, JAMES T	1400 N.E. 55TH STREET #204	FT. LAUDERDALE FL 33334
P/T	PURDY, JAMES T	1400 NE 55th STREET #204	FL LAUDERDALE, FL
UP/S	SULLIVAN, WILLIAM	1217 NE 9th AVE	FL LAUDERDALE, FL
REINSTATEMENT 95-97 U. Man 2/26/97			
8. Name and Address of Current Registered Agent PURDY, JAMES T 1400 N.E. 55TH STREET #204 FT. LAUDERDALE FL 33334		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
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 		Date FEB 22, 1997	
REGISTERED AGENT MUST SIGN			
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)			
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:		JAMES T. PURDY President Feb, 22, 1997, 954-776-1248 Date Daytime Phone #	

CP225040 (6/95)