APPLICATION FOR REINSTATEMENT       FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS       APPROVED FILED         DOCUMENT # I. Corporation Name       P95000070554       96 DEC - 2' AM 10: 37         Secretary OF STATE WILLIAM WAILES AEROSPACE CORPORATION       SECRETARY OF STATE TALLAHASSEE, FLORIDA         Principal Place of Business       2015 OAK STREET MELBOURNE BEACH R. 3281       Malling Address         2015 OAK STREET MELBOURNE BEACH R. 3281       Malling Address       2015 OAK STREET MELBOURNE BEACH R. 3281         If above addresses are incorrect in any way, line through incorrect information and enter correction below.       4. Date incorporated or Qualified To Do Business in Florida         2016 Address, If Applicable       3. New Mailing Office Address, If Applicable       4. Date incorporated or Qualified To Do Business in Florida       Og/11/1995         Suife, Apt. #, etc.       5. FEI Number       Applied For	·	PLEASE I		STRUCTIONS I	BEFORE C	OMPLET				
DOCUMENT #       P95000070554         1. corporation Name       WILLAN WALES AEROSPACE CORPORATION         Principal Parcet / Buttinues       Maing Addems         20 OCUMENT / Barrier       Maing Addems         21 Ocument       Maing Addems         22 Ocument       Dum Addems         23 Ocument       Dum Addems         24 Ocument       Dum Addems         27 Ocument       Dum Addems         28 Ocument       Dum Addems         29 Ocument       Dum Addems         20 Ocument       Dum Addems         20 Ocument       Barrier Addems         20 Ocument       Dum Addems         20 Ocument       Dum Addems         20 Ocument       Dum Addems         20 Ocument       Maine Addems         20 Ocument       Dum Addems         <		PLICATION FOR	DA DEPARTMEN Sandra B. Mort Secretary of St	DEPARTMENT OF STATE andra B. Mortham Secretary of State		APPHOVED AND FILED				
1. Corporation Name WILLIAM WALES AEROSPACE CORPORATION  Principal Chaines  Brown Marcel Busines  Brown Marcel Busines Brown Marcel Busines Brown Marcel Busines Brown Marcel Busines Brown Marcel Busines Brown Marcel Busines Brown Marcel Busi			5000070		ATIONS 33		96 DEC -2	AN 10:37		
DIS LOGK STREET BEBOURNE EXCN R. 32931       DIS OWN TIPEET BEBOURNE EXCN R. 32931       DIS OWN TIPEET BEBOURNE EXCN R. 32931         I' a clow addresses are incomed: In any way, line through incomed: Information and enter correction below.       1. Data incompositied of Qualified ON 11/1995         I' a clow addresses are incomed: In any way, line through incomed: Information and enter correction below.       1. Data incompositied of Qualified ON 11/1995         I' a clow addresses are incomed: In any way, line through incomed: Information and enter correction below.       1. Data incompositied of Qualified ON 11/1995         I' a clow addresses are incomed: In any way, line through incomed: Information and enter correction below.       1. Data incompositied of Qualified ON 11/1995         I' a clow addresses of Each Officer and/or Directors       2. One OFFICE OF STATUS DESIRED       1. Accesses Officer and/or Directors         I' Tele 10       Nume of Officer and/or Directors       2. One OFFICE OF STATUS DESIRED       1. One OFFICE OF STATUS DESIRED         D       WALES, CHRISTY L       2015 OAK STREET       Nume       1. BEDOURNE EACH R. 32951         D       WALES, CHRISTY L       2015 OAK STREET       Nume       1. Door Norther End Address of Heart Registered Agent         Nume       Nume       Nume       1. Nume and Address of Heart Registered Agent       Nume         WALES, CHRISTY L       2015 OAK STREET       Nume       Nume         D WALES, CHRISTY L	1. Corpora	ation Name					SECRETARY TALLAHASSE	of state , florida		
2. Now Principal Office Address, If Applicable 3. New Malling Office Address, If Applicable 4. Data Incomposite Challing Suite, Apt. 4. etc. 5. FEI Number 4. Data Incomposite Challing Cover 11/1995 5. FEI Number 5. FEI Number 6. FEI Number 6. FEI Number 7. Names and Street Address, If Applicable 7. Names and Street Address of Each Officer and/or Director 7. Names and Street Address of Each Officer and/or Director 7. Names and Street Address of Each Officer and/or Director 7. Names and Street Address of Each Officer and/or Director 7. Names and Street Address of Each Officer and/or Director 7. Names and Street Address of Each Officer and/or Director 7. Names and Street Address of Each Officer and/or Director 7. Names and Street Address of Each Officer and/or Director 7. Names and Street Address of Each Officer and/or Director 7. Names and Street Address of Each Officer and/or Director 7. Names and Street Address of Each Officer and/or Director 7. Names and Address of Each Officer and/or Director 7. Names and Address of Each Officer and/or Director 7. Names and Address of Current Registered Agent 7. Name and Address of Current Registered Agent 7. Does this corporation pay any intangible tax to the 7. Date 11/20/14/L 7. Does this corporation pay any intangible tax to the 7. Or 11/20/14/L 7. Does this corporation pay any intangible tax to the 7. Or 11/20/14/L 7. Does this corporation pay any intangible tax to the 7. Or 11/20/14/L 7. Does this corporation pay any intangible tax to the 7. Does this corporation the resolver of thous oncelver the resolver to runtee on the agdrest the applicatio	2015 OAK	STREET	2015 ON	K STREET	TREET					
Suite, Apt. 4, etc.       Suite, Apt. 4, etc.       S. FEI Number       Accident For         City & State       Country       Zp       Country       Countr						4. Date Incorp	orated or Qualified			
City & State       Country       Zp       Country	Suite, Apt.	#, etc.	Suite, Apt	. #, etc.	etc.					
ZP       Country       ZP       Country       CERTIFICATE OF STATUS DESIRED         7. Name and Street Addresses of Each Officer and/or Director       and/or Directors       3       (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	City & State City			City & State			5. PEI Number Applied For Not Applicable			
Tillo(s)       Name of Officers       Street Address of Each       City / State / Zo <sup>-</sup> D       WALES, WELLAN K       2015 OAK STREET       MELBOURNE BEACH FL 3261         D       WALES, CHRSTY L       2015 OAK STREET       MELBOURNE BEACH FL 32651         D       WALES, CHRSTY L       2015 OAK STREET       MELBOURNE BEACH FL 32651         D       WALES, CHRSTY L       2015 OAK STREET       MELBOURNE BEACH FL 32651         D       WALES, CHRSTY L       2015 OAK STREET       MELBOURNE BEACH FL 32651         D       WALES, CHRSTY L       2015 OAK STREET       MELBOURNE BEACH FL 32651         D       WALES, CHRSTY L       2015 OAK STREET       MELBOURNE BEACH FL 32651         D       WALES, CHRSTY L       2015 OAK STREET       MELBOURNE BEACH FL 32651         0. Name and Address of Current Registered Agent       0. Name and Address of How Registered Agent       0. Name and Address of Hew Registered Agent         WALES, CHRSTY L       2015 OAK STREET       Street Address (P.O. Box Number is Not Acceptable)       3000         Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)       3000         10. 1. being appointed the registered Agent (I the above named coord fation, an familiar with and accept the obligations of Section 807 0505, F.S.       3000         Singature of agent (I th	Zip	Country	Zip	Zp Country						
Title(s)       and/or Directors       3 (Do NOT Officer and/or Directors)       4 (Dr 1/2)         D       WALES, WELLAW K       2015 OAK STREET       WELBOURNE BEACH R. 32051         D       WALES, CHRSTY L       2015 OAK STREET       WELBOURNE BEACH R. 32051         D       WALES, CHRSTY L       2015 OAK STREET       WELBOURNE BEACH R. 32051         D       WALES, CHRSTY L       2015 OAK STREET       WELBOURNE BEACH R. 32051         D       WALES, CHRSTY L       2015 OAK STREET       WELBOURNE BEACH R. 32051         B       Name and Address of Current Begistered Agent       9. Name and Address of New Registered Agent         WALES, CHRSTY L       2015 OAK STREET       Name         BLBOURNE BEACH R. 32051       Name       Name         UNIT       9. Name and Address of New Registered Agent       Name         WALES, CHRSTY L       2015 OAK STREET       Street Address (P.O. Box Number Is Not Acceptable)         Builto Address (P.O. Box Number Is Not Acceptable)       3000         Street Address (P.O. Box Number Is Not Acceptable)       3000         10. L being appointed the registered Agent Must Stain       Street Address of Sector 607 0505, F.S.         Street Address of New Registered Agent Must Stain       Street Address of Sector 607 0505, F.S.         Street of Revenue under S. 199. 032, Florida Statutes.	7. Names	·····					······································		27 (m. 1) 27 (m. 1)	
0       WALES, CHRISTY L       2015 OAK STREET       NELBOURNE BEACH R. 32051         50       DODOZOTTTIZES	Title(s) and/or Directors			Offic	er and/or Director		4 C	ity / State / Zip		
	D	WAILES, WILLIAM K	LLIAM K 2015 CAK STREET			MELBOURINE BEACH FL 32951				
12/04/9601040012     12/04/9601040012     144##375,00     14###375,00     12###375,00     14###375,00     14###375,00     12###375,00     12###375,00     12###375,00     12###375,00     12###375,00     12###375,00     12###375,00     12###375,00     12###375,00     12###375,00     12###375,00     12###375,00     12###375,00     12###375,00     12###375,00     12###375,00     12##375,00     12###375,00     12###375,00     12###375,00     12###375,00     12###375,00     12###375,00     12###375,00     12###375,00     12###375,00     12###375,00     12###375,00     12###375,00     12###375,00     12##375,00     12###375,00     12##375,00	D	WAILES, CHRISTY L		2015 OAK STREET		·	MELBOURNE BEA	CH FL 32951		
						60		01040012 00 ****375.0	2 0	
							TENENT	1996		
				RE		INSTALEMEN U. Man			$\mathcal{N}$	
WALES, CHRISTY L         2015 OAK STREET         MELBOURNE BEACH FL 32951         Street Address (P.O. Box Number is Not Acceptable)         Suite, Apt. #, Etc.         City         10. I, being appointed the registered gent of the above named concretion, am familiar with and accept the obligations of Section 607.0505, F.S.         Signature of Registered Agent         Appl. Street Address (P.O. Box Number is Not Acceptable)         Signature of Registered Agent         Dete       11/1 20/19/6         Registered Agent       Date         11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.       Yes No         12. I cortify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607.0617, F.S. Hurther certhy that when filling this reinstatement application, here reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0617, F.S. Hurther certhy that when filling this corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(), F.S. The information indicate on this application is true and accurate, and my signature that have the same legal effect as if made under oath.		-						12-2-	96	
WALES, CHRSTY L 2015 OAK STREET MELBOURNE BEACH FL 32951 10. 1, being appointed the registered room of the above named compation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent		8. Name and Address of	of Current Registered /	Agent	Name	9. Name and /	Address of New Regis		1999) 1997	
MELBOURNE BEACH FL \$2051         Suite, Apt. #, Etc.         City       State         Dete       FL         Signature of Registered Agent       Suite, Apt. #, Etc.         10. I, being appointed the registered ment of the above named completion, am familiar with and accept the obligations of Section 607.0505, F.S.         Signature of Registered Agent       Date       11/20/96         11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.       Yes       No       Section 607.0507, F.S.         12. I cortify 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 saliafies the requirements of section 119.07(3)(0, F.S. The information findication on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.       Section 119.07(3)(0, F.S. The information findication on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	WAILES, CHRISTY L									
I. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax)  12. I cortify 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 harther certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,0401 (F.S. The information indicate on this application is true and accurate, and my signature shall have the same legal effect as it made under oath.					Suite, Apt. #, Etc.					
10. I, being appointed the registered egent of the above named compation, an familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent		!			City			State Zip Code		
Dept. of Revenue under S. 199.032, Florida Statutes. Yes No Statutes on Intangible tax.)     On Intangible tax.     On Intangible tax.)     On Intangible tax.     On Intangible tax.)     On Intangible tax.     On Intangible tax.     On Intangible tax.)     On Intangible tax.     On Intangible tax.     On Intangible tax.     On Intangib	Signature d	of Maria	t of the above named or REGISTERED	alle QU	h and accept the o	bligations of Sect	il.	<b>FL</b>		
this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 817.0401 (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)(); F.S. The information indicat on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	11. Do De	pes this corporation ept. of Revenue un	n pay any inta der S. 199.03	ngible tax to the 2, Florida Statu	e Ites. Yes	🗆 No 🄀				
BIORATURE AND TYPED OF PRINTED HARE OF BIOWING OFFICER OR DIRECTOR	this reli owed b on this	nstatement application, the reas y the corporation have been pa application is true and accurate	on for dissolution has be id and the names of ind	een eliminated, the corpor lividuals listed on this form	ate name satisfies n do not qualify for	the requirements an exemption un	s of section 607.0401 or	617.0401, P.S.; that all fe		
Christy L. Waikes		BIONATUME AND TH	SULL . N	ALLS	INECTOR		Case	Devine Phone •		