

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

FILED

98 JAN 15 PM 3:01

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

DOCUMENT # P96000075419 (7)
 1. Corporation Name
LUDI AIRCRAFT COMPOSITES, INC.

Principal Place of Business
**181 N.W. 97 AVE
 SUITE 510
 MIAMI FL. 33172**

Mailing Address
**181 NW 97 AVE
 SUITE 510
 MIAMI FL. 33172**

500002403335--4
 -01/16/98--01081--006
 ****750.00 ****750.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **09-09-1996**

5. FEI Number **65-0726599**
 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)	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	BELTRAN DINO	181 N.W. 97 AVE # 510	MIAMI FL. 33172
D	AUPELLANEDA, LUIS	5611 RICHELLE AVE	WESTMINSTER CO. 92683

REINSTATEMENT 97
 SC 1-15-98

8. Name and Address of Current Registered Agent
**BELTRAN, DINO
 181 N.W. 97 AVE
 SUITE 510
 MIAMI FL. 33172**

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

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 Dino Beltran Date 12-22-97
 REGISTERED AGENT MUST SIGN

11. 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 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: Dino Beltran **DINO BELTRAN** 12-22-97 (305) 220-5458
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2EDM0 (1/2/96)