

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP 29 AM 9:56

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000003000

1. Corporation Name

AMERICAN GHILES AIRCRAFTS, INC.

200136438442
09/29/08--01062--005 ***1050.00

REINSTATEMENT
CR2E081 (12/07)

06-08

2. Principal Office Address - No P.O. Box # 1440 N. Nova Road		3. Mailing Office Address 1440 N. Nova Road	
Suite, Apt. #, etc. Suite 201		Suite, Apt. #, etc. Suite 201	
City & State Daytona Beach FL		City & State Daytona Beach FL	
Zip 32117	Country USA	Zip 32117	Country USA

4. Date Incorporated or Qualified
To Do Business in Florida 03/17/2003

5. FEI Number
59-3429116

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
MARTIN & ASSOCIATES, PL
Street Address (P.O. Box Number is Not Acceptable)
1440 N. NOVA ROAD
Suite, Apt. #, Etc.
SUITE 201
City
DAYTONA BEACH
State
FL
Zip Code
32117

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Richard E. Chickman
REGISTERED AGENT MUST SIGN

Date 09/22/08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	PHILIPPE GHILES	1440 N. Nova Road Suite 201	Daytona Beach FL 32117

10. 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 contained in Chapter 118, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/22/08

Date

Daytime Phone #