PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV -6 AM 9:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P97000036730

1. Corporation Name
M. A. AITCHESON & ASSOCIATES INC.

REINSTATEMENT 03

100021480081
11/05/03 -01012-003 **750.00

2. Principal Office Address	3. Mailing Office Address
4141 NW 5th STREET	Same
Suite, Apt. #, etc.: 104	Suite, Apt. #, etc.: Same
City & State: PLANTATION, FL	City & State: Same
Zip: 33317 Country: USA	Zip: Same Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 4/23/1997

5. FEI Number: 65-0745224 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: M. A. Aitcheson

Street Address (P.O. Box Number is Not Acceptable): 4141 NW 5th STREET, STE 104

Suite, Apt. #, Etc.: STE 104

City: PLANTATION | State: FL | Zip Code: 33317

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: [signature] Date: 11/4/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
PD	MICHAEL A. AITCHESON	131 SAN REMO BLVD	N. LAUD, FLA 33068
D	DONATTUE A. AITCHESON	131 SAN REMO BLVD	N. LAUD, FLA 33068
D	TANYA A. FENTON-AITCHESON	18932 NW 27 AVE	MIAMI, FLA 33165
D	SHANNA P. BLAND-AITCHESON	1850 N. WHITLEY AVE	LOS ANGELES, CA 90028

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 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] 11/4/03 (954) 316-3010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #