



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #		C/O P98000003301			
1. Corporation Name LAW-AIR, INC.		 Mr. Larry P. Deal 1941 Lake Markham Preserve Tr. Sanford, FL 32771			
2. Principal Office Address 1941 LK. MARKHAM PRESERVE TR.		3. Mailing Office Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State SANFORD		City & State			
Zip 32771	Country US	Zip	Country		

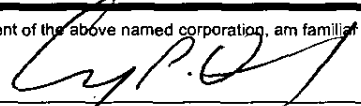
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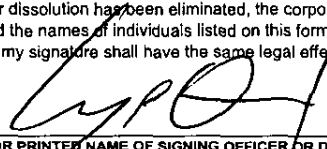
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400021299694 07/03/03--01050--010 **750.00	
4. Date Incorporated or Qualified To Do Business in Florida 1/9/98	
5. FEI Number 593493427	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name LARRY DEAL		
Street Address (P.O. Box Number is Not Acceptable) 1941 LK. MARKHAM PRESERVE TRAIL		
Suite, Apt. #, Etc.		
City SANFORD	State FL	Zip Code 32771

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 	Date 6/30/03
REGISTERED AGENT MUST SIGN	

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
P	LARRY P. DEAL	1941 LK MARKHAME PRESERVE	SANFORD, FL 32771
VP	BRUCE LAWRENCE	1941 LK MARKHAM PRESERVE	SANFORD, FL 32771
T	CATHRINE DEAL	1941 LK MARKHAM PRESERVE	SANFORD, FL 32771
S			
		03 TS	

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: 	6/30/03 407-321-6928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

CR2E081 (10/02)