


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 798000032225

1. Corporation Name  
U.S. AIRCRAFT SAFETY CORP

2. Principal Office Address  
5901 S.W. 19 ST  
 Suite, Apt. #, etc.  
Home  
 City & State  
PLANTATION, FL  
 Zip  
33317 Country  
U.S.A.

3. Mailing Office Address  
5901 S.W. 19 ST  
 Suite, Apt. #, etc.  
Home  
 City & State  
PLANTATION, FL  
 Zip  
33317 Country  
U.S.A.

FILED  
 01 OCT 22 AM 8:23  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida  
3/31/98

5. FEI Number \_\_\_\_\_ Applied For  Not Applicable

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

99-01 WBR

7. Name and Address of Current Registered Agent

Name  
Joseph GRUPICO

Street Address (P.O. Box Number is Not Acceptable)  
5901 S.W. 19 ST

Suite, Apt. #, Etc.  
Home

City  
PLANTATION

State  
FL Zip Code  
33317

900004687739-6  
-11/19/01-01073-02  
\*\*\*\*450.00 \*\*\*\*450.00

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 Joseph Grupico Date Oct 19, 01  
 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
Pres	Joseph GRUPICO	5901 SW 19 ST	PLANTATION, FL
Sec.	Joseph GRUPICO	5901 S.W. 19 ST	PLANTATION, FL
Treas	Joseph GRUPICO	5901 S.W. 19 ST	PLANTATION, FL

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: Joseph Grupico Joseph GRUPICO Date Oct 19, 01 Daytime Phone # 583 0482  
9545830482

CR2E081 (9/00)