

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10fz

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR -7 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000033935

1. Corporation Name

Lizard Head Aviation Inc.

REINSTATEMENT 01-04

400031347524

03/29/04--01070--011 **300.00

2. Principal Office Address

773 Holden Ave.

3. Mailing Office Address

773 Holden Ave.

Suite, Apt. #, Etc.

Suite, Apt. #, Etc.

City & State

Sebastian Florida

City & State

Sebastian Florida

Zip

32958

Country

Indian Rivor

Zip

32958

Country

Indian River

4. Date Incorporated or Qualified To Do Business in Florida

06/01/98

5. FEI Number

650830728

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

Peggy Hartman Krupa

100032095651

Street Address (P.O. Box Number is Not Acceptable)

773 Holden Ave.

04/07/04 01040 014 **300.00

Suite, Apt. #, Etc.

City

Sebastian

State

FL

Zip Code

32958

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

REGISTERED AGENT MUST SIGN

Date: 03/26/04

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.	Stephen Krupa	773 Holden Ave	Sebastian Florida 32958

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)(b), 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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/26/04

772-589-0016

Date

Day, Inc. Phone #

7