PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
01 AUG 15 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION [redacted]

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

DOCUMENT # P98000067245

1. Corporation Name
PROFESSIONAL AIRCRAFT MAINTENANCE, INC.

2. Principal Office Address	3. Mailing Office Address
39514 AVIATION AVE	2009 JUNIPER CIR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ZEPHYRHILLS, FL	City & State: PLANT CITY, FL
Zip: 33540 Country: USA	Zip: 33566 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 7/29/98
5. FEI Number: 593537720 — Applied For / Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: CECIL L. BECK

Street Address (P.O. Box Number is Not Acceptable): 39514 AVIATION AVE

Suite, Apt. #, Etc.:

City: ZEPHYRHILLS State: FL Zip Code: 33540

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-09/20/01--01078-013
****300.00 ****300.00
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-09/20/01--01078-014
****236.25 ****236.25

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: Cecil Beck by [illegible] Date:
REGISTERED AGENT MUST SIGN

CR2E036 (01/00)

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
DP	CECIL L. BECK	39514 AVIATION AVE.	ZEPHYRHILLS, FL 33540

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: Cecil Beck by [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #