

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

(H03000094653)

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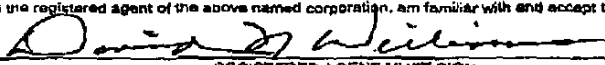
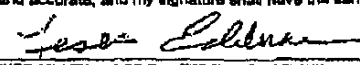
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000092109					
1. Corporation Name Aero Molding & Machining, Inc.					
2. Principal Office Address 2000 Banks Road			3. Mailing Office Address 1 Lawton Street		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Mangate, FL			City & State Yonkers, NY		
Zip 33063	Country USA	Zip 10705	Country USA		

REINSTATEMENT 00-03

4. Date Incorporated or Qualified To Do Business in Florida 10/29/98	
5. FEI Number 65-0871671	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 Agents and Corporations, Inc.	
Street Address (P.O. Box Number is Not Acceptable) Suite E, 773 4th Avenue North	
Suite, Apt. #, Etc.	
City Naples	State FL
Zip Code 34102	

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.			
Signature of Registered Agent 		Date 3/27/03	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officer and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/VP/S/T	Leslie Edelman	1 Lawton Street	Yonkers, NY 10705
D	Leslie Edelman	1 Lawton Street	Yonkers, NY 10705
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: 		Date 3/14/03	Daytime Phone # 914-864-0771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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