PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOC	UME	NT	#
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P98000103448

1. Corporation Name

HANGAR G-2, INC.

Principal Place of Business

Mailing Address

Principal Place of Business Mailing		Mailing Addr	Address		****750.00 ****750.00						
2000 N.E. JENSEN BEACH BLVD. JENSEN BEACH FL 34957		2000 N.E. JENSEN BEACH BLVD. JENSEN BEACH FL 34957									
If above addresses are incorrect in any way, line through incorrect in					REINSTATEMENTUL-02				<u>.</u>		
		New Mailing Office Address, If Applicable Suite Act. # etc.		Date Incorporated or Qualified To Do Business in Florida 12/11/1998				*			
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State			5. FEI Number	65-0881299		Applied For	Ť		
Zip Country		Zip Co		Country	у	6. \$8.75 Additional		tional Fee required			
7. Names	and Street Ad	dresses of Each Officer and/	or Director (Flo	rida nonprof	fit corpora	itions must list at lea	st 3 directors)	** • *			٦
Title(s)	Name of Officers		Street Address of Each Officer and/or Director			City / State / Zip					
-D	SUNDHEI	I, MICHAEL J	900 EAST OCEAN BLVD., STE. 3				3L UD	STUARY FL 34994 Jenson Benen	- ,)="L	34857	
D	ANSON, PHILIP J		200 EAST OCEAN BLVD., STE. 342 2000 Jenson Beach ALUD			STUART FL 34994 Tenson Ben	•				
D	GREENE, ROBERT D		900 EAST OCEAN BLVD., STE. 342			•	STUART FL 34994		1 34957		
D	SOMMERS, MICHAEL C		900 EAST OCEAN BLVD., STE. 342		r BLUD	STUART FL 34994 Jensen	Bencii	FL,			
						, se	0(0000498 		02	
								****150.(00	*15 QO	
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent						
AMERICAN INFORMATION SERVICES, INC					Name MICHACL SOMMEN - HAGEN-G-2-/AC Street Address (P.O. Box Number is Not Acceptable) 2000 Johnson Scale BLVD Suite, Apt. #, Etc.			CR2E040 (8/01)			
						City	Всясы	F	State Zip Co	ode 1957	
10 being	annointed the	a registered agent of the abo	va namad come	reation are fo	amiliar wit	th and accept the ch	ligations of Costin	N 607 0505 E C			1

11. 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 of Registered Agent

REGISTERED AGENT MUST SIGN

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Daytime Phone #