

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR -3 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PA9000001804

1. Corporation Name

DEMON AIRCRAFT INC.

2. Principal Office Address

822 WEST BRYAN ST.

Suite, Apt. #, etc.

3. Mailing Office Address

822 WEST BRYAN ST.

Suite, Apt. #, etc.

City & State

KISSIMMEE FL. 34741

City & State

KISSIMMEE FL. 34741

Zip

34741

Country

U.S.A.

Zip

34741

Country

U.S.A.

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

GILES ASHE

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

822 WEST BRYAN ST.

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34741

500029812515
03/03/04 01046 010 ***300.5

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 2-24-04

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
<u>D</u>	<u>GILES ASHE</u>	<u>822 WEST BRYAN ST.</u>	<u>KISSIMMEE FL. 34741</u>

500029812515
03/03/04 01046 010 ***300.00

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:

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

2-24-04

Date

407 444 0203

Daytime Phone #

CR2E081 (01/04)

Giles Ashe
Demon Aircraft Inc.
822 West Bryan St.
Kissimmee
Fl. 34741

Department Of State
Division of Corporations
P.O. Box 6327
Tallahassee
Fl. 32314

February 24th 2004

To whom it may concern,

Please find the enclosed reinstatement application form, I unfortunately did not receive the application form in 2003 therefore was unable to maintain the company status, I wish to reinstate the corporation and continue it's status for 2004.

Please note the change of address, as this may be responsible for me not receiving the form last year.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Giles Ashe', written in a cursive style.

Mr. Giles Ashe