

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 10 AM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000008141

1. Corporation Name
AERODYNE CORPORATION

2. Principal Office Address
3064 AIRMANS DR.
Suite, Apt. #, etc.

3. Mailing Office Address
3064 AIRMANS DR.
Suite, Apt. #, etc.

City & State
FT PIERCE, FL
Zip 34946 Country USA

City & State
FT. Pierce FL
Zip 34946 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida JAN. 22, 1999

5. FEI Number 6
Applied For ☐
Not Applicable ☒

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

10-28-03-01038 011 750

7. Name and Address of Current Registered Agent

Name BENJAMIN PLACE SMILEY
Street Address (P.O. Box Number is Not Acceptable)
3064 AIRMANS DRIVE
Suite, Apt. #, Etc.
City FT. Pierce State FL Zip Code 34946

REINSTATEMENT 03-04

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 B.P. Smiley

REGISTERED AGENT MUST SIGN

Date 6-5-04

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>Pres</u>	<u>BEN SMILEY</u>	<u>19583 TRAILS END TER.</u>	<u>Jupiter, FL 33458</u>

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06/10/04--01083--004 **158.75

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:

B.P. Smiley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-5-4

Date

772-460-6577

Daytime Phone #

CR2EDM1 (01/04)