


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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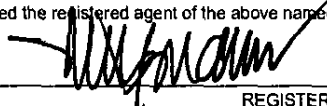
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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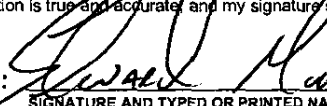
CORPORATION REINSTATEMENT 02-03		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000028808			
1. Corporation Name MURRAY AVIATION INC.			
2. Principal Office Address 4992 N. PINE ISLAND RD. Suite, Apt. #, etc.		3. Mailing Office Address 4992 N. PINE ISLAND RD. Suite, Apt. #, etc.	
City & State LANDERHILL FL		City & State LANDERHILL FL	
Zip 33351	Country USA	Zip 33351	Country USA

4. Date Incorporated or Qualified To Do Business in Florida	3/30/99
5. FEL Number 65-0911193	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$3.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name MITCHELL W. BRUCKNER	
Street Address (P.O. Box Number is Not Acceptable) 4992 N. PINE ISLAND ROAD	
Suite, Apt. #, Etc.	
City LANDERHILL	State FL
	Zip Code 33351

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 	Date 5/23/03
REGISTERED AGENT MUST SIGN	

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.D.	Edward Murray	6 Hanford Way	Fairport, N.Y. 14450

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)(l), 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:  EDWARD MURRAY Pres.	Date 6/10/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone # (885) 230 9462

7 6117

Accounting Offices of
Mitchell W. Bruckner, CPA, P.A.
4992 North Pine Island Road
Lauderhill, Florida 33351

Member American & Florida Institute of CPAs
Member National Society of Accountants

Phone 954-741-0381 / Fax 954-741-4747

Email: mwb1120@bellsouth.net

June 13, 2003

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Murray Aviation, Inc. P99000028808

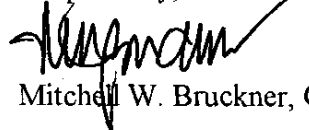
Dear Examiner:

In reference to my above captioned client, I am writing to provide a Corporate Reinstatement and payment of \$300.00. We request reinstatement and acceptance of the enclosed payment based upon the following facts.

Shortly after filing a change of registered agent with your office in September 2000, my client sent a letter requesting a change in the mailing address of this company. My client assumed the change was effected as requested. Upon this office's routine investigations this month, it was learned that my client failed to file an annual report for 2002, and was administratively dissolved. I contacted your department and learned that no change of address was ever entered, and ultimately the annual report(s) sent to his old address were never forwarded to my client.

We will await your determination on this matter. Please contact me if any additional information is needed.

Respectfully,



Mitchell W. Bruckner, CPA, EA, ABA

MWB/ms
encl.