

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 AUG 15 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000030227

1. Corporation Name

Aircraft Brokers, Inc.

100022481501
08/21/03--01052--026 ***900.00

2. Principal Office Address

21261 Waymuth Run

Suite, Apt. #, etc.

City & State

Estero, Florida

Zip

33928

Country

U.S.

3. Mailing Office Address

3536 Concourses Street

Suite, Apt. #, etc.

Suite 300

City & State

Ontario, CA

Zip

91764

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

March 29, 1999

5. FEI Number

33-0878122

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

02-03

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

c/o CT Corporation System, 1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

David I. Farber

DAVID I. FARBER
ASSISTANT SECRETARY

Date

8/14/03

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
Pres.	James P. Previti	3536 Concourses Street, Suite 300	Ontario, CA 91764
EVP	Larry R. Day	3536 Concourses Street, Suite 300	Ontario, CA 91764

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:

Larry R. Day
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry R. Day

August 13, 03 909-987-7788

Date

Daytime Phone #

CR2E081 (10/02)

8/15