PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAY -5 AM 11: 40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000036784

1. Corporation Name
Array Aviation, Inc.

W06 - 19140

500075378925
05/26/06--01047--018 **1500.00

REINSTATEMENT 01-06

CR2E081 (12/05)

2. Principal Office Address 8509 NW 68 St.	**3.** Mailing Office Address P.O. Box 226075
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Miami, Fl	City & State Miami, Fl
Zip 33166	Country USA	Zip 33122	Country U.S.A.

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

5. FEI Number 65-0919868   ☐ 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 Josephine Hernandez.

Street Address (P.O. Box Number is Not Acceptable)
245 E 42 St.

Suite, Apt. #, Etc.

City Hialeah	State FL	Zip Code 33013

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 April 4, 2006.
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/S	Josephine Hernandez.	245 E 42 St.	Hialeah, Fl 33013.
VP	J. Ramon Perez.	10135 NW 26 St.	Doral, Fl 33172.
VP	Ramee Perez.	10135 NW 26 St.	Doral, Fl 33172.

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 contained in Chapter 119, 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: _____   Josephine Hernandez   April 4, 2006   786:209.9481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

B. Mitchell   MAY 12 2006