

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -6 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000057076

1. Corporation Name

MELBOURNE AIR PARTNERS, INC.

2. Principal Office Address

2290 W. Eau Gallie Blvd.

Suite, Apt. #, etc.

Suite 200

City & State

Melbourne, FL

Zip

32935

Country

USA

3. Mailing Office Address

2200 W. Eau Gallie Blvd.

Suite, Apt. #, etc.

Suite 200

City & State

Melbourne, FL

Zip

32935

Country

USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified

To Do Business in Florida 06/23/1999

5. FEI Number

593584495

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

J. Patrick Anderson

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

930 S. Harbor City Boulevard

Suite, Apt. #, Etc.

Suite 505

City

Melbourne

700035764887
05/07/04 01079 006 ***01.00
State Zip Code
FL 32901

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 04/21/04

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-	Gadodia, Gopal	2200 W. Eau Gallie Blvd., #200	Melbourne, FL 32935

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/24/04

Daytime Phone #

321-255-1500

CR2E081 (01/04)