

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 APR 23 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V27671

1. Corporation Name

Glenro Aircraft Corporation

000004191680--0
-05/09/01--01124--007
****900.00 ****900.00

2. Principal Office Address
3801 PGA Blvd.

3. Mailing Office Address
3801 PGA Blvd.

Suite, Apt. #, etc.
Suite 800

Suite, Apt. #, etc.
Suite 800

City & State
Palm Beach Gardens, FL

City & State
Palm Beach Gardens, FL

Zip 33410 Country U.S.A.

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REINSTATEMENT D.O.

4. Date Incorporated or Qualified To Do Business in Florida 04/07/1992 **SP**

5. FEI Number 650338371

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
William D. Roosevelt

Street Address (P.O. Box Number is Not Acceptable)
3801 PGA Blvd.

Suite, Apt. #, Etc.
Suite 800

City
Palm Beach Gardens,

State
FL Zip Code
33410

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 4/19/01

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
D	William D. Roosevelt	3801 PGA Blvd., Suite 800	Palm Beach Gardens, FL 33410

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01
Date

561-799-1289
Daytime Phone #

CR2E081 (9/00)