PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

Gp. 98

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

98 JAN -6 AM 11:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V30899

1. Corporation Name
MARK IV AVIATION, INC

Principal Place of Business
440 N. W. 67 St.
SUITE 207
BOCA RATON, FL 33487

Mailing Address

If above address(es) are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida
JANUARY 1, 1998

5. FEI Number
65-0331663 [✓] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [✓] $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	MARK SHUBIN	760 NE 199 St APT C202	MIAMI, FL 33179
VP	FRANCOISE SHUBIN	760 NE 199 St APT C202	MIAMI, FL 33179
C/T	FRANK J DALY	440 NW 67 St	BOCA RATON, FL 33487
S	KATHLEEN DURKIN	440 NW 67 St	BOCA RATON, FL 33487

REINSTATEMENT 96-98

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*****108.75 *****1083.75 185

8. Name and Address of Current Registered Agent

FRANK DALY
440 NW 67 St
SUITE 207
BOCA RATON, FL. 33487

9. Name and Address of New Registered Agent

Name FRANK DALY
Street Address (P.O. Box Number is Not Acceptable) 440 NW 67 St
Suite, Apt. #, Etc. SUITE 207
City BOCA RATON
State FL
Zip Code 33487

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Frank J Daly
REGISTERED AGENT MUST SIGN

Date 5th JAN 1998.

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [X]

(See other side for information on intangible tax.)

12. 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: Frank Daly FRANK DALY 5th JAN 1998. (561) 994-3758

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone