

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUN 19 AM 9:52

DOCUMENT #

V 30899.

1. Corporation Name

MARK IV AVIATION, Inc.

600005970746--7

-06/25/02--01041--022

***1208.75 ***1208.75

2. Principal Office Address

440. NW 67th STREET,

Suite, Apt. #, etc.

SUITE 207

City & State

BOCA RATON

Zip

FL 33487

Country

U.S.A.

3. Mailing Office Address

440. N.W. 67th STREET

Suite, Apt. #, etc.

SUITE 207

City & State

BOCA RATON

Zip

FL 33487

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

04/22/1992

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. Name and Address of Current Registered Agent

Name

FRANK DALY

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

440. N.W. 67th ST,

Suite, Apt. #, Etc.

SUITE 207

City

BOCA RATON

State
FL

Zip Code

33487.

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

Frank Daly

Date

06/19/2002.

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.	FRANK DALY	440. N.W. 67 th ST, #207	BOCA RATON. FL. 33487.
C/T.	EAMON BRENNAN	7110 VIA MEDITERRANIA	BOCA RATON. FL. 33433.
V.	EINO KYMALAINEN	5205/A BRISATA CIRCLE	BOYNTON BEACH FL 33437

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:

Frank Daly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

06/19/2002.

Daytime Phone #