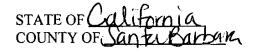
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

A9 1002

	CORPORATION REINSTATEMENT	s s	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 2007 OCT -4 PH 3: 33	
	DOCUMENT # V54187 1. Corporation Name				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
	FLIGHT SCIENCES INCORPORATED			4) 09/1	400109563044 09/18/0701014021 **1650.00	
	2. Principal Office Address - No P.O. Box # 1187COAST VILLAGE RD Suite, Apt. #, etc.	6/08 Suite, Apt. #, e	26725+.W.	REIN	REINSTATE DIPON	
	Strike Miller on		wton, FC	To Do Busin	Date Incorporated or Qualified To Do Business in Florida	
	Zip Country 93108	8420	7 US	6.		
JITE	7. Name and Address of Current Registered Agent Name SAUL PASTER Street Address (P.O. Box Number is Not Acceptable) 6108 26th STREET WEST Suite, Apt. #, Etc. 2 SLITTE 2 City State Zip Code BRADENTON FL 34207			The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.		
Ì	8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the ob- Signature of Registered Agent REGISTERED AGENT MUST SIGN				bligations of section 607.0505 or 617.0503, F.S. Date	
ſ	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 D	irectors	Street Address of E Officer and/or Dire		City / State / Zip	
ļ	P ROBERT E. CALLAHAN 1		187 COAST VILLAGE RD 1-516		SANTA BARBARA, CA	
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ļ					;	
	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: SIGNATURE AND TYPE	O OR PRINTED NAME OF SIG	SNING OFFICER OR DIRECTOR	-7 AUG 20	007 805-546-0995 Date Daytime Phone #	



AFFIDAVIT

Before me personally appeared ROBERT E. CALLAHAN who after being duly sworn, deposes and says:

- 1. The affiant is ROBERT E. CALLAHAN, who is over the age of eighteen and has given this affidavit of his own knowledge and belief.
- 2. ROBERT E. CALLAHAN, the undersigned, is the president of Flight Sciences, Incorporated, a corporation that was originally filed in the State of Florida on July 30, 1992, document number V54187, and administratively dissolved on September 25, 2001.
- 3. ROBERT E. CALLAHAN, the undersigned, is also the president of Flight Sciences, Inc. A Florida corporation which was filed November 7, 2006, document number 206000140992.
- 4. It is the intention of ROBERT E. CALLAHAN that Flight Sciences, Inc. shall be dissolved and that at no time will be reinstated, and it is further the intention of ROBERT E. CALLAHAN that Flight Science, Incorporated shall be reinstated.
- 5. ROBERTE. CALLAHAN as president of Flight Sciences, Inc., represents that he has the full power and authority to dissolve Flight Sciences, Inc. and make all representations as set forth herein.

FURTHER THE AFFIANT SAYETH NOT:

Witness print: This CALLAHAN

Witness print: This CALLAHAN

STATE OF CALIFORNIA COUNTY OF SANTA BANDAM

The foregoing instrument was acknowledged before me on Sept 2007, by ROBERT E. CALLAHAN, Who is ______ personally known to me or ______ who has produced ______ who has produced ______ (type of identification).

