

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 MAR -2 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 712388

1. Corporation Name

Experimental Aircraft Association Chapter 180
MANASOTA

2. Principal Office Address - No P.O. Box #

7040 Treymore Court

Suite, Apt. #, etc.

3. Mailing Office Address

700 Treymore Court

Suite, Apt. #, etc.

City & State

Sarasota

City & State

Sarasota

Zip

34243-5500

Country

USA

Zip

34243-5500

Country

USA

900144768339

03/02/09--01041--016 **183.75

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

03/10/1967

5. FEI Number

592633611

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

Martin Sobel

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

7040 Treymore Court

Suite, Apt. #, Etc.

City

Sarasota

State
FL

Zip Code

34243-5500

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.

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

REGISTERED AGENT MUST SIGN

Date 2/26/09

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/D	Martin Sobel	7040 Treymore Court	Sarasota/FL/34243-5500
V/D	Paul du KOT	8008 Waterview Blvd	Bradenton/FL/34202
T/D	Bradley Smith	7512 24th Ave. W	Bradenton/FL/34209
S/D	Rolf Bostrom	4909 Hidden Oaks Trail	Sarasota/FL/34232
D	Blaise Pierson	10008 Sand Piper Rd	Bradenton/FL/34209
D	Edwin Miller	2592 Jefferson Cir	Sarasota/FL/34239

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:

Martin Sobel

2/26/2009

941-359-8693

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/3 an