

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

1

DOCUMENT # 840752  
1 Corporation Name  
Chautauqua Airlines, Inc.

99 FEB 22 PM 1:01  
STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
c/o Wextford Management  
411 W. Putnam Ave.  
Greenwich, CT 06830

REINSTATEMENT 04-09

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2 New Principal Office Address, If Applicable  
3 New Mailing Office Address, If Applicable  
State, Apt. #, etc. City & State Zip Country

4 Date Incorporated or Qualified To Do Business in Florida 5-31-78  
5 FEI Number  
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 non profit corporations must list at least 3 directors.)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Dir	Charles Davidson	411 W. Putnam Ave, Greenwich CT	Greenwich, CT 06830
Dir VP, S + T	Joseph Jacobs	411 W. Putnam Ave	Greenwich, CT 06830
Dir	Jay Maymudes	411 W. Putnam Ave	Greenwich, CT 06830
VP Asst	Arthur Amron	411 W. Putnam Ave	Greenwich, CT 06830
Pres / CEO	Edward Wegal	411 W. Putnam Ave	Greenwich, CT 06830

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Guaranty Reinsurance Corp  
1800 Belfor + Parkway  
Jacksonville, FL 32256

Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent: Karen B. Rozar  
REGISTERED AGENT MUST SIGN as its agent  
Date: 2/22/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes  No

(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(5)(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: Edward Wegal  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 2/16/99

CPREDF-12-98

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ACCOUNT NO. : 072100000032  
REFERENCE : 141963 5021613  
AUTHORIZATION : *Christina Pizzuti*  
COST LIMIT : \$ 1500.00

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ORDER DATE : February 19, 1999  
ORDER TIME : 11:08 AM  
ORDER NO. : 141963-005  
CUSTOMER NO: 5021613  
CUSTOMER: Jacquelyn Werner, Legal Asst  
WEXFORD MANAGEMENT LLC  
WEXFORD MANAGEMENT LLC  
411 West Putnam Avenue  
Suite 270  
Greenwich, CT 06830  
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DOMESTIC FILING

NAME: CHAUTAUQUA AIRLINES, INC.

EFFECTIVE DATE:

XX APPLICATION FOR REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:  
XX PLAIN STAMPED COPY

CONTACT PERSON: Tamara Odom EXAMINER'S INITIALS: \_\_\_\_\_