

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG 23 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000072020

1. Corporation Name

Admiral Air of Jacksonville Inc.

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
565 Henderson rd

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, Fl

City & State

Zip
32254

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07-23-2001

5. FEI Number
82-0557564

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
Deborah Sheets

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

Suite, Apt. #, Etc.

City
Jacksonville

State
FL

Zip Code
32254

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.

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08/31/07--01008--031 **908.75

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

Deborah J. Sheets

Date

8-23-07

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
Pres	Deborah Sheets	565 Henderson Rd	Jacksonville, Fl 32254
V.Pres	Charles Sheets	565 Henderson Rd	Jacksonville, Fl 32254
Sec	Terrence Kups	3910 Goodrich Ave	Sarasota, Fl 34234
REINSTATEMENT 02 07 B 8/23/07			

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:

Deborah J. Sheets

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-23-07

Date

904-591-4886

Daytime Phone #