CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
16 FEB 23 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

DOCUMENT # S77931

1. Corporation Name FLYNORTH Adventures, Inc

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
104 Wickford STE 5	PO Box 115
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Safety Harbor, FL	City & State: Odessa FL
Zip: 34695 Country: USA	Zip: 33556 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 9/5/1991

5. FEI Number S77931 ☐ 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: Bob Greene

Street Address (P.O. Box Number is Not Acceptable): 2838 SE 37th St.

Suite, Apt. #, Etc.:

City: Ocala State: FL Zip Code: 34471

300281708083
02/25/16--01001--006 **600.00

300281708083
02/02/16--01016--013 **150.00

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 _____ Date 1-28-2016

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
Director	Douglas S. Taylor	PO Box 1555	Sitka AK 99835
VP	Peggy Coleman Taylor	PO Box 1555	Sitka AK 99835

10. E-mail Address: FLYNORTH@ATT.NET
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ Douglas S. Taylor 1-28-2016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

813-884-1766