

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 175937

1. Entity Name
SOWELL AVIATION COMPANY, INC.



Principal Place of Business
3469 AIRPORT DR.
PANAMA CITY, FL 32402

Mailing Address
3469 AIRPORT DR.
P.O. BOX 1490
PANAMA CITY, FL 32402

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10062005

REIN-P

CR2E098 (6/04)

4. FEI Number
59-0707329

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOWELL, J. DONALD
501 CHERRY ST.
PANAMA CITY, FL 32405

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME DIANNE S. PRESTON ☐ Delete
STREET ADDRESS ~~5 ADAMS PARK CT.~~
CITY-ST-ZIP COLUMBUS, GA 31909

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS 3615 Southern Court
CITY-ST-ZIP

TITLE
NAME DVS ☐ Delete
STREET ADDRESS SOWELL, DEBORAH K.
CITY-ST-ZIP 437 MACARTHUR AVE.
PANAMA CITY, FL 00000,

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 900060458289
CITY-ST-ZIP 10/10/05--01076--024 **150.00

TITLE
NAME DPT ☐ Delete
STREET ADDRESS SOWELL, J. DONALD
CITY-ST-ZIP 3045 W. 30TH CT.
PANAMA CITY, FL 00000,

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME DVST ☐ Delete
STREET ADDRESS SOWELL, NADINE M.
CITY-ST-ZIP 501 CHERRY ST.
PANAMA CITY, FL 00000,

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS *Dr. R. W. L. R.*
CITY-ST-ZIP

TITLE
NAME V ☐ Delete
STREET ADDRESS HENSEL, RONALD A.
CITY-ST-ZIP 1257 CAPRI DRIVE
PANAMA CITY, FL

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dianne Sowell Preston

V-Prs.

10/05/05

850.785.4325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #