

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

99 OCT 19 AM 8:10

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # 218698

1. Corporation Name  
 FORT MYERS AIRWAYS, INC.

Principal Place of Business Mailing Address  
~~608 DANLEY DRIVE~~ P.O. BOX 80759  
~~UNIT #1~~ FT MYERS FL 33906  
 FT MYERS FL 33907 US



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

2. New Principal Office Address, If Applicable 11434 RANCHETTE RD. Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 12/31/1958	
City & State FT Myers		City & State		5. FEI Number 59-0748071	
Zip 33912		Country		Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit 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	4 City / State / Zip
PD	WILSON, JACKIE A.	11434 RANCHETTE RD.	FT MYERS FL
SD	MANN, JENNIFER W.	11354 RANCHETTE RD.	FT MYERS FL
CD	WILSON, E. F.	11434 RANCHETTE RD.	FT MYERS FL
			300003029239--6 -10/29/99--01057--016 ***758.75 ***758.75

8. Name and Address of Current Registered Agent WILSON, E F DANLEY DRIVE PAGE FIELD FT MYERS FL 33901		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  
 Signature of Registered Agent E F Wilson CD Date 10-13-99  
 REGISTERED AGENT MUST SIGN

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., 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(3)(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: E F Wilson CD Date 10-13-99 Daytime Phone # 941-936-2559  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 E. F. Wilson

CFR25040 (8-99)