PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

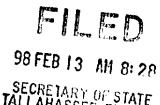
DOCUMENT #

256681

1. Corporation Name

SIGNATURE:

LAKE WALES AIR SERVICES INC



							10	LLMHASSEE.FLC	RIDA	
Principal Place of Business Malling Address							1			
870 EDDIE FLOOD ROAD BARTOW FL 33830			P.O. BOX 295 LAKE WALES FL 33858-0295							
		e incorrect in any way, line t Address, If Applicable		information a		···	 Date Incorp 	TATEME orated or Qualified	NT 91-98	
Sulte, Apt. #, etc. So			Sulte, Apt.	Sulte, Apt. #, etc.			To Do Business in Florida 02/19/1962			
City & State			City & State			5. FEI Numbe	59-0965215	Applied For		
Zip		Country	Zip Count		Country		6.		Not Applicable 88.75 Additional Fee required	
·							for a Certificate of Status			
7. Names	and Street A	ddresses of Each Officer an	d/or Director (F	lorida nonprof						
Title(s)	2	Name of Officers and/or Directors 2		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)				City / State / Zip		
PD	POOLE, S	AMUEL E JR.		870 EDDIE FLOOD			BARTOW FL 33830			
SDT	POOLE, D	POOLE, DAVID M. 4735 EASTON				REET LAKE WALES FL 33853		53		
٧	HOVELSRUD, ANNE C.			MAPLE				LAKE WALES FL 33853		
				9:			90	000024345291 -02/18/380 103 3-7 0 25		
							****908.75			
	8. Nan	ne and Address of Curren	t Registered Ag	ent .			9. Name and A	ddress of New Registere	d Agent	
Name							The state of the s			
POOLE, SAMUEL E., JR. 870 EDDIE FLOOD ROAD						Street Address (P.O. Box Number is Not Acceptable)				
BARTOW FL 33830					Suite, Apt. #, Etc.					
(C. I. bolo	a accolated th	a rapidtarial agent of the at		to-				<u> </u> F		
Signature of Registered	or C	e registered agent of the et	HEGISTERED AN	GENT MUST	SIGN	and accept the ob	nigations of Section	Date 1/9/1.	998	
		ration owes or h Personal Prope				Yes 🗌	No 🗌		side for information angible tax.)	
owed by	statement ap y the corporat	officer or director or the reco	solution has beer names of individ	n eliminated, ti duaj⊱∳isted on	he corpora i this form :	te name satisfies t do not qualify for a	he requirements:	of section 607 0401 or 617	0401 F.S. that all food	