

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUL -9 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **256681**

1. Corporation Name

LAKE WALES AIR SERVICES, INC.

2. Principal Office Address - No P.O. Box #

7731 CAMP MACK RD PO BOX 295

Suite, Apt. #, etc.

3. Mailing Office Address

7731 CAMP MACK RD PO BOX 295

Suite, Apt. #, etc.

City & State

LAKE WALES FLORIDA LAKE WALES FLORIDA

Zip

33898 POLK 33859 POLK

Country

Country

4. Date Incorporated or Qualified
To Do Business in Florida

FEB 19 1962

5. F.F. Number

59-0965215

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

SAMUEL E. POOLE, JR.

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

7731 CAMP MACK RD

Suite, Apt. #, Etc.

City

LAKE WALES

State

FL 33898

Zip Code

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

Samuel E. Poole, Jr.

REGISTERED AGENT MUST SIGN

Date

7/03/07

☒ 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.

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
P	SAMUEL E. POOLE JR	7731 CAMP MACK RD	LAKE WALES FL 33898
M	SAMUEL E POOLE JR	7731 CAMP MACK RD	LAKE WALES FL 33898
S/T	FREDRICKS, POOLE	515 CENTER ST	LAKE WALES FL 33853
REINSTATEMENT 6707			

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:

SAMUEL E POOLE JR

Date

7/03/07

Daytime Phone #

696426