

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 DEC 11 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 333888

1. Corporation Name

CONTINENTAL AERIAL SURVEYS, INC. OF FLORIDA

Principal Place of Business

Mailing Address

~~415 BARTOW MUNICIPAL AIRPORT~~
~~BARTOW FL 33888~~

P.O. BOX 300
ALCOA TN 37701
US



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

2. New Principal Office Address, If Applicable
601 Self Hollow Road

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/16/1968

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

NOT APPLICABLE

Not Applicable

City & State

City & State

Rockford, TN

Zip
37853

Country
Blount

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
OT T	HOWARD, STEPHEN L.	4973 RIVERS EDGE	LOUISVILLE TN 37777
VEO S	HOWARD, KENNETH H., III	823 SOMERSET DRIVE	MARYVILLE TN 37803
V	HOWARD, HELEN R.	1925 WIMBLEDON AVENUE 601 Self Hollow Road	MARYVILLE TN 37803 Rockford, TN 37853
P	Howard, K.H., Jr.	601 Self Hollow Road	Rockford, TN 37853

8. Name and Address of Current Registered Agent

HOWARD, HELEN R.
415 BARTOWN MUNICIPAL AIRPORT
BARTOW FL 33830

000003509150--3
-12/20/00--01077--010
****900.00 ****900.00

9. Name and Address of New Registered Agent

Name
Beach A. Brooks, Jr.
Street Address (P.O. Box Number is Not Acceptable)
340 First Street South
Suite, Apt. #, Etc.
City
Winter Haven
State
FL
Zip Code
33880-3501

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
REGISTERED AGENT MUST SIGN

Date 12/7/00

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:

Kenneth H. Howard, III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth H. Howard, III
Secretary

12/6/2000 (865) 970-3115

Date

Daytime Phone #