

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 FEB 18 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 387994

1. Corporation Name

Jet View Holdings, Inc.

2. Principal Office Address

PO Box 50593

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34232

Country

3. Mailing Office Address

PO Box 50593

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34232

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/07/1971

5. FEI Number

59-1359840

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

300012696683
02/18/03--01040--007 **300.00
REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

Steven King

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

250 Bearded Oaks Drive

Suite, Apt. #, Etc.

City

Sarasota

State
FL

Zip Code
34232

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

AKK

Date 2/17/03

REGISTERED AGENT MUST SIGN

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
PD	Peter Rutledge	7305 ALDERWOOD DR	SARASOTA, FL 34247

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 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:

Peter Rutledge PRESIDENT & DIRECTOR

Date

2/17/07

Daytime Phone #

CR2E081 (10/02)

2/21/08