

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 402319

1. Corporation Name

F.I.T. AVIATION, INC.

Principal Place of Business

640 HARRY SUTTON ROAD
MELBOURNE INTERNATIONAL AIRPORT
MELBOURNE FL 32901-1885
US

Mailing Address

640 HARRY SUTTON ROAD
MELBOURNE INTERNATIONAL AIRPORT
MELBOURNE FL 32901-1885
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

99

4. Date Incorporated or Qualified To Do Business in Florida

06/02/1972

5. FEI Number

59-1740830

Applied For

Not Applicable

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	
1	2	3	4
ST	SMOTHERS, EDITH F.	007 847 SOUTH FORK CR	MELBOURNE FL
CD	REYAY, ANDREW W. JR.	312 PALM COURT	INDIANLANTIC FL
PTS	STEPHENS, DR NOLAN THOMA	1737 INDEPENDENCE AVE	MELBOURNE FL
D	RICHARD BARTHEM	4250 CARDWOOD DRIVE	MELBOURNE, FL
D	JAMES R. De SANTIS	717 OAK PARK DR	MELBOURNE, FL
D	MARSHA A. DUNCAN	675 SHERIDAN WOOD DR	MELBOURNE, FL
D	ROBERT SULLIVAN	407 ACHER KEY	MELBOURNE, FL
P	JAMES MCINTYRE	2359 Brookside Way	Indianlantic, FL

8. Name and Address of Current Registered Agent

STEPHENS, DR NOLAN THOMA
1737 INDEPENDENCE AVE
MELBOURNE FL 32940

9. Name and Address of New Registered Agent

Name: JAMES W. MCINTYRE
Street Address (P.O. Box Number is Not Acceptable): 2359 Brooks DE Way
Suite, Apt. #, Etc.

City: INDIANLANTIC, FL

State: FL

Zip Code: 32903

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

[Signature]
REGISTERED AGENT MUST SIGN

Date: 15 Oct 99

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 Oct 99

Date

Daytime Phone #