

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1997 NOV -3 PM 12:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 4602975

1. Corporation Name

BERYL DSHANNON Aviation Specialties  
INC.

Principal Place of Business

Mailing Address

3590 Roundbottom Rd  
Suite 107286  
CINCINNATI, OH 45244-3000

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

4. Date Incorporated or Qualified  
To Do Business in Florida

10-9-74

5. FEI Number

591564185

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
VT	PETERSON, ALLAN L.	3590 Roundbottom Rd Suite 107286	CINCINNATI, OH 45244-3000
PS	PETERSON, DIANE M	1128 Orange St	Mercedes, TX 78596

REINSTATEMENT

000002338830--9

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\*\*\*\*923.75 \*\*\*\*923.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

	Name	Capital Connection, Inc.	
	Street Address (P.O. Box Number is Not Acceptable)	417 E. Virginia St.	
	Suite, Apt. #, Etc.		
	City	Tallahassee	State
		Zip Code	32301

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

WEIMAR L. WEIMAR, Weimar Lopez for Capital Connection 11-3-97  
AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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:

ALLAN L. PETERSON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-3-97  
Date

956-969-8950  
Daytime Phone #