PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JAN 13 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **504298**

1. Corporation Name

PROFESSIONAL AIRLINE TERMINAL SERVICES, INC.

Principal Place of Business	Mailing Address
16000 CHAMBERLAIN PARKWAY STE 8625 FT. MYERS FL 33913 US	P.O BOX 870 ESTERO FL 33928-0870 US

000010062040
01/13/03--01097--019 **150.00

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: **05/31/1976**

5. FEI Number: **59-1674668** ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VPD	GULINELLO, FRANK P.	4519 SW 6TH AVENUE	CAPE CORAL FL 33914
SD	FRECHE, DONALD	402 MCGREGOR PARK CIRCLE	FORT MYERS FL 33908
PD	KINBACHER, ANDREW	636 SE 35TH ST	CAPE CORAL FL
TD	RICKER, KENNETH	6030 MACBETH LANE SW	FT. MYERS FL
VPD	GENDREAU, DANIEL	11140 CARAVEL CIRCLE, SW 104	FT. MYERS FL
VPD	THINGELSTAD, MARK G.	1408 NE 18TH PLACE	CAPE CORAL FL

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
KINBACHER, ANDREW 636 SE 35TH STREET CAPE CORAL FL 33904	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent: _____ Date: 12-13-02
REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director of the corporation 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: _____ 12-13-02 239-267-8808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Gregory Connelly
427 Hancock Bridge Pky #5
Cape Coral, FL 33990