

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 711860

1. Corporation Name
EXPERIMENTAL AIRCRAFT ASSOCIATION,
INDIAN RIVER CHAPTER 99, Inc.

Principal Place of Business Mailing Address
722 24th Sq. 722 24th Sq.
Vero Beach, FL 32962 Vero Beach, FL 32962

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

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
Pres.	Michael David	722 24th Sq.	Vero Beach, FL 32962
Sec.	Clark Eckman	1025 26th Ave.	Vero Beach, FL 32960
Treas.	Henry Gauntt	495 Nieuport Dr.	Vero Beach, FL 32968

100002827221--B
-04/01/99--01104--020
*****358.75 *****358.75

8. Name and Address of Current Registered Agent

Henry Gauntt
495 Nieuport Dr.
Vero Beach, FL 32968

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
100002827221--B
-04/01/99--01104--021
*****F1.25 *****F1.25
FL

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
Henry L. Gauntt
REGISTERED AGENT MUST SIGN

Date 24 June 99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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)(j), 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 Michael David
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/3/98 Date 561-567-7777 Daytime Phone #