

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 20 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 711860

1. Corporation Name

EXPERIMENTAL AIRCRAFT ASSOCIATION,
INDIAN RIVER CHAPTER 99, INC.

REINSTATEMENT 01-83

2. Principal Office Address

505 GULLWING DR

3. Mailing Office Address

505 GULLWING DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VERO BEACH, FL

City & State

VERO BEACH, FL

Zip

32968

Country

USA

Zip

32968

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/1966

5. FEI Number

736502102

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

WILLIAM ZORC

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

505 GULLWING DR

Suite, Apt. #, Etc.

City

VERO BEACH

State

FL

Zip Code

32968

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

[Signature]

Date November 17th 2003

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	CLARK ECKMAN	1025 26th AVE	VERO BEACH FL 32960
VD	WILLIAM ZORC	505 GULLWING DR	VERO BEACH FL 32968
SD	LANDIS KETNER	120 SOPWITH DR	VERO BEACH FL 32968
TD	MICHAEL DAVID	320 39th CT	VERO BEACH FL 32968

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.

CLARK ECKMAN

SIGNATURE:

Clark Eckman

PRESIDENT

Nov 17, 2003 772-299-2267

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)