

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

97 DEC -1 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 726240

1. Corporation Name

CYPRESS GARDENS CHAPTER OF THE EXPERIMENTAL AIR
CRAFT ASSOCIATION, INC.

Principal Place of Business

GILBERT FIELD AIRPORT
WINTER HAVEN FL 33881

Mailing Address

3085 21 ST NW
WINTER HAVEN FL 33881-1294
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

4. Date Incorporated or Qualified
To Do Business in Florida

04/26/1973

5. FEI Number

23-7414859

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
PD	GIBBS, RICHARD L.	316 W LAKE AVENUE	AUBURNDALE F
VD	SUMMERS, G H JR	109 HIGH ST	WINTER HAVEN FL
TD	HOLT, CARL W.	901 AVENUE E NE	WINTER HAVEN FL
SD	DIX, WALTER	714 AVE A NW	WINTER HAVEN FL
			200002362932--0 -12/04/97--01068--015 ****236.25 ****236.25
			LA 12/3

8. Name and Address of Current Registered Agent

DIX, WALTER
714 AVENUE A NW
WINTER HAVEN FL 33881

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

Walter Dix

REGISTERED AGENT MUST SIGN

Date

11/22/97

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)(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:

Walter Dix

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/23/97

Daytime Phone #

941-294-6700

CR2040 (8/97)