

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726375

1. Corporation Name

PANAMA CITY CHAPTER 202 OF THE EXPERIMENTAL AIRCRAFT ASSOCIATION, INC.

Principal Place of Business

12729 AIRWAY
PANAMA CITY FL 32404

Mailing Address

12729 AIRWAY
PANAMA CITY FL 32404

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

4. Date Incorporated or Qualified To Do Business in Florida

05/10/1973

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2363675

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
PD	HADALLER, HAL Richard Smith	3720 E GAME FARM RD 832 PLANTATION WAY	PANAMA CITY FL - 32404
SD	HOLLBROOK, JAMES	325 DOGWOOD WAY	PANAMA CITY FL 32404
TD	O'CONNOR, EDWARD W	13110 PARK WAY	PANAMA CITY FL - 32404
VP	STARK, ROBERT	4532 MILL BAYOU RD	PANAMA CITY FL 32404
D	MATTHEWS, RICHARD DALE WILLIAMS	103 GLADES TURNS 3308 E Highway 390	PANAMA CITY BEACH FL 32407 32405
D	PERSINGER, GAIL STRAIT, JOEL	6218 KELLY CT 106 WESTCOTT	PANAMA CITY FL 32404 PORT ST JOE FL 32456

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HADALLER, HAL EDWARD W O'CONNOR 3720 E GAME FARM RD 13110 PARK WAY PANAMA CITY FL 32404 PANAMA CITY FL 32404	Name EDWARD W O'CONNOR Street Address (P.O. Box Number is Not Acceptable) 13110 PARK WAY Suite, Apt. #, Etc. City PANAMA CITY State FL Zip Code 32404
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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

Edward W O'Connor

Date 11/29/03

REGISTERED AGENT MUST SIGN

11. 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:

Edward W O'Connor EDWARD W. O'CONNOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/28/03 850-671-4603

Date

Daytime Phone #

CR2E040 (7/03)