APPLICATION FOR REINSTATEMENT

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

FILED

03 OCT 29 PM 3: 41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #   819766

1. Corporation Name

JAY FLYING SERVICE, INC.

REINSTATEMENT 03

Principal Place of Business	Mailing Address
~~ROUTE 2 BOX 150~~ JAY FL 32565	~~ROUTE 2 BOX 150~~ JAY FL 32565

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
JAY Flying Service Inc Suite, Apt. #, etc. 3116 Pine Level Church Rd City & State JAY, Fl. Zip 32565 Country	JAY Flying Service Inc Suite, Apt #, etc. 3116 Pine Level Church Rd City & State JAY Fl. Zip 32565 Country

4. Date Incorporated or Qualified To Do Business in Florida   **08/02/1966**

5. FEI Number   **63-0510712**   ☐ 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
PD	NELSON, JAMES W.	RT. 2, BOX 150	JAY FL
SD	NELSON, BARBARA	RT. 2, BOX 150	JAY FL
		000024254520 10/29/03--01057--014 **750.00	

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
NELSON, JAMES W. RT. 2, BOX 150 JAY FL 32565	Name _____ Street Address (P.O. Box Number is Not Acceptable) 3116 Pine Level Church Rd Suite, Apt. #, Etc. City JAY State FL Zip Code 32565

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 **10-27-03**

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: _____ James W Nelson   10-27-03   850-675-66__

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E040 (7/03)