

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2008 APR 24 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Whisper Jet, Inc - Charter ID #

F00000006384

2. Principal Office Address - No P.O. Box #

1173 F. 29th Street

Suite, Apt. #, etc.

City & State

Sanford, FL

Zip

32773

Country

USA

3. Mailing Office Address

12515 Willows Rd NE

Suite, Apt. #, etc.

Suite 200

City & State

Kirkland, WA

Zip

98034

Country

USA

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

11/16/2000

5. FEI Number

911595949

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Molly Hickey

Date

4/11/08

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Elling Halvorsen	12515 Willows Rd NE Ste 200	Kirkland WA 98034
Sec	Stewart Kuehne	12515 Willows Rd NE Ste 200	Kirkland WA 98034

REINSTATEMENT

06-08

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 contained in Chapter 119, 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:

Elling Halvorsen

Date

4/14/08

Daytime Phone #

475-6174179

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

CORPORATION REINSTATEMENT

WHISPER JET, INC.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$1,050.00

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