

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -5 AM 10:39

DOCUMENT # F01000000458

1. Corporation Name

MERLIN AIRWAYS, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700008782677  
11/04/02--01063--006 \*\*750.00

Principal Place of Business

2220 GRANT RD  
BILLINGS MT 59102

Mailing Address

PO BOX 81106  
BILLINGS MT 59106

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/24/2001

5. FEI Number

91-2021798

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
P	OVERSTREET, MICHAEL	PO BOX 81106	BILLINGS MT
V	<del>CHALLENGER, JAMES</del>	<del>PO BOX 81106</del>	<del>BILLINGS MT</del> DELETE
ST	MCIVER, ROBERT	PO BOX 81106	BILLINGS MT

8. Name and Address of Current Registered Agent

PLACANICA, KATHERINE J  
14850 NW 74TH CT, HANGAR 102 RM 242  
ORLANDO FL 32834

9. Name and Address of New Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Rd.

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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.

SEE ATTACHED DOCUMENT

(CONSENT TO SERVE AS REGISTERED AGENT)

Signature of  
Registered Agent

SIGNATURE REQUIRED

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/02

Date

(406) 896-3200

Daytime Phone #

CR2ED40 (8/02)