

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F03000001876

1. Corporation Name

Fly & Form, Inc.

2. Principal Office Address

50 Lott Avenue

Suite, Apt. #, etc.

Suite 1

City & State

Marietta, Georgia

Zip

30067

Country

U.S.

3. Mailing Office Address

50 Lott Avenue

Suite, Apt. #, etc.

Suite 1

City & State

Marietta, Georgia

Zip

30067

Country

U.S.

REINSTATEMENT

04-05

CR2E081 (8/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/11/03

5. FEI Number

030400985

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

CFRA, LLC

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

4221 West Boy Scout Boulevard

Suite, Apt. #, Etc.

Suite 1000

City

Tampa

State
FL

Zip Code
33607

200061762242

11/29/05--01069--004 **908 75

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

Date

Nov 17, 2005

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
V	Donald F. McEachin	1053 Regency Park Drive	Braselton, GA 30517
P	Kenneth D. Stevens	308 Tuck Lane	Loganville, GA 30052
V	Clifford Brown	186 Mt. Zion E. Church Rd.	Buchanan, GA 30113
ST	Wayne Wilson	1404 Bridemill Ave.	Canton, GA 30114
V	Stephen Orton	359 NW 108th Ave	Coral Springs, FL 33071

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 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:

DON MCEACHIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-16-05

Daytime Phone #

FILED

05 NOV 17 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA