

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 AUG 10 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F14333

1. Corporation Name

BERARD AVIATION, INC.

2. Principal Office Address

5364 Ehrlich Rd

Suite, Apt. #, etc.

236

City & State

Tampa FL

Zip

33624

Country

USA

3. Mailing Office Address

5364 Ehrlich Rd

Suite, Apt. #, etc.

236

City & State

Tampa FL

Zip

33624

Country

USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

1-12-81

5. FEI Number

59-2052364

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

John A. Berard Jr.

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

5364 Ehrlich Rd

Suite, Apt. #, Etc.

236

City

Tampa

State

FL

Zip Code

33624

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

John A. Berard Jr.
REGISTERED AGENT MUST SIGN

Date Aug 9, 2004

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
P/D	John A. Berard Jr.	5364 Ehrlich Rd #236	Tampa FL 33624
S/D	Margaret Berard	5364 Ehrlich Rd #236	Tampa FL 33624

300040260519
08/17/04--01068--013 **900.00

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:

John A. Berard Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 9, 2004

Date

813-926-0561

Daytime Phone #

CR2E081 (01/04)