PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

* APPLICATION **FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

F22816

1. Corporation Name

CONDO HANGARS, INC.

Principal Place of Business

Mailing Address

1000 E 63 ST OCEAN MARATHON FL 33050

1000 E 63 ST OCEAN MARATHON FL 33050

FILED 01 FEB -6 AM 9: 19 SECRETARY OF STATE TALLAHASSEE FLORIDA



| If above a | ddresses are i | ncorrect in any way, line thr | ough incorrect in | nformation an | d enter correction below | REIN | STATEMEN | | |
|---|-----------------------------------|-------------------------------|---------------------------|--|--------------------------|---|---|----------------------------|--|
| 2 New Plincipal Office Address If Applipance 3 | | | 33 Vey Maili | 33 New Mailing Office Address L'Applicable | | | Date Incorporated or Qualified To Do Business in Florida 03/11/1981 | | |
| Suite, Apt. i | #, etc. | | Suite, Apt. #, etc. | | | 5. FEI Number Applied For | | | |
| MARATHON FLA | | | MASCATHON | | | | 59-2193621 Not Applicable | | |
| Zip 3 3 050 Gounty ROE | | | Zip FLA-33050 Country ROE | | | 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) | Name of Officers and/or Directors | | | Street Address of Each Officer and/or Director 3 | | City / State / Zip | | | |
| Р | BRETTMAN, JAMES C | | | 1000 E 00 OT OCEAN EXPO TROPICAL AVE | | MARATHON FL 33050 | | | |
| | | | | 351 | | | | | |
| | | | | | | 1 | 90000367 | 78091 | |
| | | | | | | | -02/13/01- ****908.7 | -01108022 '5 ****908.75 | |
| | • | | | | | | | | |
| | | | | | | | | | |
| 8. Name and Address of Current Registered Agent | | | | | | 9. Name and Address of New Registered Agent | | | |
| Name | | | | | | (36) | | | |
| BRETTMAN, JAMES C 1000 F-00-ST OCEAN 1800 TROPICAL AVE MARATHON FI-33050 3-5-7 | | | | | Street Address | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | | Suite, Apt. #, E | -Sulte, Apt. #, Etc. | | | |
| | | | | | City | | | | |
| 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. Signature of Registered Agent REGISTERED AGENT MUST SIGN Date 2/1(CV) | | | | | | | | | |
| | | | | | | | | | |
| 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. | | | | | | | | | |