

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

F73288

1. Corporation Name

Skybolt Aeromotive Corp
551 N. PARK AV
APOPKA FL 32712

2. Principal Office Address

551 N. PARK Ave

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Apopka FL

City & State

Zip

32712

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/1982

5. FEI Number

59-2176669

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

Winnfield S. Bowers Jr

600003369856-8

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

549 N PARK AV

-08/23/00-01082-004

****900.00 ****900.00

Suite, Apt. #, Etc.

City

Apopka

State

FL

Zip Code

32712

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

Winnfield S. Bowers Jr

Date 8-8-00

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
Pres	Ned C. Bowers	7400 Lake Ola Dr	Mt Dora FL 32757
VP	Winnfield S Bowers Jr	549 N. Park Av	Apopka FL 32712
S/T	Dorothy A. Bowers	549 N. Park Av	Apopka FL 32712

REINSTATEMENT

99-015

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:

Winnfield S. Bowers Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-8-00

Daytime Phone #