

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F93000005859**

1. Corporation Name

**HYANNIS AIR SERVICE, INC.**

Principal Place of Business

**BARNSTABLE MUNICIPAL AIRPORT  
HYANNIS MA 02601**

Mailing Address

**660 BARNSTABLE RD  
HYANNIS MA 02601  
US**

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

**12/27/1993**

5. FEI Number

**04-3005476**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PD	WOLF, DANIEL A	168 MAIN STREET	NORTH HARWICH MA 02645
TD	WILSON, GRANT M	201 CONCORD ST.	CARLISLE MA 01741
C	GARDNER, WILFRED E	76 GARDEN RD	WELLESLEY MA 02181
D	PRICE, RUSSEL	272 WHISTLEBERRY DR	MARSTONS MILLS MA 02645
D	LUENING, J D	1033 FEARRINGTON POST	FEARRINGTON VILLAGE NC 27312
<del>D</del>	<del>HARRIS, CHARLES</del>	<del>80 MAPLE ST.</del>	<del>W. BARNSTABLE MA</del>

8. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

9. Name and Address of New Registered Agent

Name  
**Cape Air**

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

**574 Terminal Drive**

Suite, Apt. #, Etc.

City  
**Naples**

**400003020154--7**

**10/21/93 01010-027**

**\*\*\*750.00 \*\*\*1050.00**

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

*Burke H. Martin*  
REGISTERED AGENT MUST SIGN

**400009020154--7**

**10/21/93 01010-028**

**\*\*\*8.75 \*\*\*8.75**

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

Date

Daytime Phone #

**10-12-99**