

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000000251**

1. Corporation Name

AERODROME GROUP, INC.

FILED

96 NOV 12 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7050 11TH AVE. SW
ROCHESTER MN 55902

Mailing Address

7050 11TH AVE. SW
ROCHESTER MN 55902

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT *96*

Not Incorporated or Qualified
To Do Business in Florida

01/19/1994

5. FEI Number

41-1764622

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPT	ADAMS, GREGORY T	20 NIK PLACE	OWATONNA MN 55080
DVO DPST	GARDNER, JOHN P	APT. G, 6512 - 22ND AVE. N.W. 12027 HWY 52 SE	ROCHESTER MN 55901 CHAPELFIELD, MN 55923

500002008795--B

-11/19/96-01/19/97-011

****375.00-****375.00

8. Name and Address of Current Registered Agent

MOSELEY, GEORGE T
OKALOOSA COUNTY AIRPORT
STATE ROAD 85
ELGIN AIR FORCE BASE FL 32542

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

George T. Moseley
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date *Oct 22, 1996*

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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)(f), 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:

George T. Moseley
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-96 (507) 282-5752
Date Daytime Phone