

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 # F94000002631

1. Corporation Name

FLYING PHYSICIANS ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 677427
ORLANDO FL 32867

Mailing Address

P.O. BOX 677427
ORLANDO FL 32867

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

REINSTATEMENT

To Do Business in Florida

05/20/1994

5. FEI Number

36-2582605

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	ZIMMERMAN, WILLIAM G	415 COLLEGE, N.E.	GRAND RAPIDS MI 49503
P	OTOSKI, RICHARD	2302 CLAIRMONT DR.	KLAMATH FALLS OR 97601
S	SCHRECKENGAUST, ROBERT	743 JEFFERSON AVE.	SCRANTON PA 18501
T	CAMPBELL, DALE K	4003 EMHOUSE	CORSICANA TX 75110
D	NODECKER, PATRICIA A	2996 PICKETT DOWNS DRIVE	CHULUOTA FL
D	COOPER, DANIEL	10 PARKWAY DR.	ENGLEWOOD CO 80110

8. Name and Address of Current Registered Agent

NODECKER, PATRICIA A
2996 PICKETT DOWNS DRIVE
CHULUOTA FL 32768

9. Name and Address of New Registered Agent

Name

800002391298-5

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

-01/06/98-01075-011

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Patricia A. Nodecker
REGISTERED AGENT MUST SIGN

Date

11/4/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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)(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:

Patricia A. Nodecker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/4/97
Date

(407) 359-
Daytime Phone # 1423

FILED

97 DEC 31 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

