

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

4-APPLICATION  
REINSTATEMENT



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

97 NOV 10 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F96000006008

1. Corporation Name

GRAVITY PILOT AIR, INC.

97 AR

Principal Place of Business

Mailing Address

1057 TORCHWOOD DRIVE  
DELAND FL 32724

1057 TORCHWOOD DRIVE  
DELAND FL 32724



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

4. Date Incorporated or Qualified  
To Do Business in Florida

12/16/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3405654

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSTD	KEESEE, THOMAS H	1600 N. FLIGHTLINE BLVD., #15	DELAND FL
VD	KERSCHENBAUM, LARRY W	1600 N. FLIGHTLINE BLVD., #15	DELAND FL
			300002346729--4 -11/13/97--01086--002 *****165.00 *****165.00
			300002346729--4 -11/13/97--01086--003 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KEESEE, THOMAS H  
1600 N. FLIGHTLINE BLVD., #15  
DELAND FL 32723

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

Date

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas H. Keesee

Date

Daytime Phone #

11-1-97 740-0405

CR2E040 (9/97)

To Whom it May Concern,

Pg. 2 of 2

I never received any corporate tax packages until, I got notice of dissolution. Quick frankly this is a new corp as of 10/96 AND had know ~~Idea~~ taxes is would be due. Thank you for waiving my fee's and I understand this is the one and only time the State of Florida will allow this. Thank You



Thomas H. Keese

Registered Agent/Director