

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

99 JUL 19 PM 3:37

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F96000006008**

1. Corporation Name

Gravity Pilot Air Inc

Principal Place of Business

Mailing Address

**7900 Glades Rd
Suite 435
Boca Raton FL 33434**

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

98-99

4. Date Incorporated or Qualified To Do Business in Florida

10/10/96

5. FEI Number

59-3405654

Applied For

Not Applicable

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)

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
Pres	Leonard Tambasco	7900 Glades Rd Suite 435	Boca Raton FL 33434
Secy	Bruce Bertman	7900 Glades Rd Suite 435	Boca Raton FL 33434
Treas	Larry Kerschbaum	7900 Glades Rd Suite 435	Boca Raton FL 33434
Dir			

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****908.75 ****908.75**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name **Leonard Tambasco**
Street Address (P.O. Box Number is Not Acceptable) **7900 Glades Rd**
Suite, Apt. #, Etc. **435**
City **Boca Raton** State **FL** Zip Code **33434**

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

Leonard Tambasco
REGISTERED AGENT MUST SIGN

Date

7/12/99

11. This corporation owes 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 I filed 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 taxes 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:

Leonard Tambasco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: #

CRPE081 (12/98)