

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000006756

1. Corporation Name

Doss Aviation, Inc.

2. Principal Office Address - No P.O. Box #

3670 Rebecca Lane

Suite, Apt. #, etc.

City & State

Colorado Springs, CO

Zip

Country

80917

USA

3. Mailing Office Address

3670 Rebecca Lane

Suite, Apt. #, etc.

City & State

Colorado Springs, CO

Zip

Country

80917

USA

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc

City

Tallahassee

State

FL

Zip Code

32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Courtney Williams

Date 02.02.17

REGISTERED AGENT MUST SIGN Asst. Vice President

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	Randall M. Davis	3670 Rebecca Lane	Colorado Springs, CO 80917
CFO	LuAnn D. Hanson	3670 Rebecca Lane	Colorado Springs, CO 80917
	REINSTATEMENT 2014-2017		

10. E-mail Address: lhanson@dossaviation.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/2017

719 302 7585

Date

Daytime Phone #

2017 FEB -2 AM 8:10

FILED
L. BERGER

600295071206

FEB - 2 2017

CR2E081 (11/10)

L. BERGER

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

76-0253726

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 495406 8006848
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 1,200.00

ORDER DATE : February 2, 2017
ORDER TIME : 10:38 AM
ORDER NO. : 495406-005
CUSTOMER NO: 8006848

RECEIVED
DEPARTMENT OF
SUPPORT OF FILING

17 FEB -2 AM 11:10

REINSTATEMENT

NAME: DOSS AVIATION, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS _____