

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b>
		<b>Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>

FILED

01 DEC -7 PM 4: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F97000000487

1. Corporation Name

Vanguard Airlines, Inc.

2. Principal Office Address

533 Mexico City Avenue

Suite, Apt. #, etc.

City & State

Kansas City MO

Zip

64153

Country

USA

3. Mailing Office Address

533 Mexico City Avenue

Suite, Apt. #, etc.

City & State

Kansas City MO

Zip

64153

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1/29/97

5. FEI Number

48-1149290

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hayes Street

Suite, Apt. #, Etc.

City

Tallahassee

REINSTATEMENT 96-01  
FL 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

Brian Courtney

as its agent

Date

12-7-01

REGISTERED AGENT MUST SIGN

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
P/C	Scott Dickson	533 Mexico City Avenue	Kansas City, MO 64153
V	David Rescino	533 Mexico City Avenue	Kansas City, MO 64153
V/S	Robert Bowen	533 Mexico City Avenue	Kansas City, MO 64153
V	James Eckart	533 Mexico City Avenue	Kansas City, MO 64153
V	Ron McClellan	533 Mexico City Avenue	Kansas City, MO 64153
V	Greg Antakis	533 Mexico City Avenue	Kansas City, MO 64153

10. 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:

Robert M. Bowen, VP, 11/29/01, 816-243-2975

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #