

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G76546

1. Corporation Name

Southern Skies Airways, Inc.

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

7820 N Howard Hughes Way

Suite, Apt. #, etc

City & State

Hernando / Florida

Zip

34442

Country

USA

3. Mailing Office Address

7820 N Howard Hughes Way

Suite, Apt. #, etc

City & State

Hernando / Florida

Zip

34442

Country

USA

7. Name and Address of Current Registered Agent

Name

GILBERT Benjamin

Ph 352 637 2257

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

7820 N Howard Hughes Way

Suite, Apt. #, Etc.

City

Hernando

State

FL

Zip Code

34442

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

Benjamin Gilbert

REGISTERED AGENT MUST SIGN

Date March 5, 2010

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	JASPAR Michel	2 rue du Micocoulier	Le Bosc/France/34700
T	JASPAR Michel	2 rue du Micocoulier	Le Bosc/France/34700
D	MORAND Pascale	2 rue du Micocoulier	Le Bosc/France/34700
D	JASPAR Marc-Henri	2 Place du Grand Sablon	Brussels/Belgium/1000

X 3/11

10. E-mail Address: michel.jaspar@wanadoo.fr

(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., 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.

SIGNATURE

Michel Jaspard

JASPAR Michel

March 5, 2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 MAR 10 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 1993-2010

700171754347
03/10/10--01028--018 ***3308.75
CR2E087 (1/1/09)

4. Date Incorporated or Qualified
To Do Business in Florida

December 22, 1983

5. FEI Number

592358877

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.