

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

1997 MAY 19 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H30420

1. Corporation Name

Island Aviation Services, Inc

Principal Place of Business

Mailing Address

1000 Airport Road
Fernandina Beach, FL, 32034 Same

000002187160--3
-05/21/97--01101--012
***\$15.00 ***\$15.00

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

Nov 84

Suite, Apt. #, etc

Suite, Apt. #, etc.

5. FEI Number

59-2499744

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Chairman	Hugh A. Latimer	30 Marsh Creek Rd	Amelia Island FL 32034
Secy	Ruth Mary Latimer	30 Marsh Creek Rd	Amelia Island, FL, 32034
Director	Gary E. Seibert	1641 Ocean Forest Dr.	Amelia Island, FL, 32034
Director			

REINSTATEMENT

8. Name and Address of Current Registered Agent

Travis M. Murphy
205 1/2 Central St
Fernandina Beach, FL, 32034

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Travis M. Murphy

REGISTERED AGENT MUST SIGN

Date 5/14/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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

Hugh A. Latimer, Chairman 4/25/97

Date

Daytime Phone #

904-261-7890

CR2040 (12/96)