

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

▲ Tear Here ▲

**APPLICATION  
FOR  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

**FILED**

97 FEB 26 PM 1:22

Head Instructions on Other Side Before Making Entry  
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT # H42496**  
WILLISTON SKYDIVERS, INC.  
2305 SW 9TH TERRACE  
WILLISTON, FL 32696

2. If Address in Block 1 is incorrect in any way, enter the correct address below: **TALLAHASSEE, FLORIDA**

Address  
City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:  
Address  
City and State Zip Code

4. Date Incorporated or Qualified To Do Business in Florida  
03/28/85

5. FEI Number  
59-2508835

FEI Number Applied For  
FEI Number Not Applicable

6. \$8.75 Additional Fee required for a Certificate of Status  
CERTIFICATE OF STATUS DESIRED ☐

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
P/S	MARK WHEELER	2305 SW 9TH TERRACE WILLISTON, FL 32696	WILLISTON, FL 32696
			400002098704--1 -02/27/97--01046--008 ***1410.00 ***1410.00

**REINSTATEMENT**

**REGISTERED AGENT INFORMATION**

8. Name and Address of Current Registered Agent

MARK WHEELER  
2305 SW 9TH TERRACE  
WILLISTON, FL 32696

9. If changed, new registered agent / office  
Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City State Zip  
FL.

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent Mark Wheeler  
REGISTERED AGENT MUST SIGN

Date 2/25/97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. 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. 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 of Officer or Director Mark Wheeler

Date 25 FEB 97 Daytime Phone # (352) 528-2994

Typed or printed name of signing officer or director MARK WHEELER

CR2E040 (8/92)