

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris,  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 NOV -3 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J33884

1. Corporation Name

PROFESSIONAL AVIATION, INC.

Principal Place of Business

28000 AIRPORT RD  
BOX A4  
PUNTA GORDA FL 33982

Mailing Address

28000 AIRPORT RD  
BOX A4  
PUNTA GORDA FL 33982

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 990

4. Date Incorporated or Qualified  
To Do Business in Florida

09/19/1986

5. FEI Number

50-2738271

Applied For

Not Applicable

6. 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	BYERS, DAVID M	1611 WILDWOOD POB 1601	MIDLAND MI

100003038901--8  
-11/09/99--01009--005  
\*\*\*\*758.75 \*\*\*\*758.75

8. Name and Address of Current Registered Agent

POLK, JOHN I  
141 WEST MARION AVENUE  
PUNTA GORDA FL 33950

9. Name and Address of New Registered Agent

Name  
DAVID M. BYERS  
Street Address (P.O. Box Number is Not Acceptable)  
28000 AIRPORT RD Box A-4  
Suite, Apt. #, Etc.

City  
PUNTA GORDA

State  
FL

Zip Code  
33982

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

David M. Byers

REGISTERED AGENT MUST SIGN

Date

10/28/99

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 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

David M. Byers President

Date

10/13/99 941 6397071

Daytime Phone #

KE