

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J65458

1. Corporation Name

JUMBOLAIR, INC.

Principal Place of Business

Mailing Address

464 RINGLING BLVD.
SARASOTA FL 34236

464 RINGLING BLVD.
SARASOTA FL 34236



REINSTATEMENT 2000

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
1201 NE 77th ST

3. New Mailing Office Address, If Applicable
1201 NE 77th ST

4. Date Incorporated or Qualified
To Do Business in Florida

04/06/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2792178

Applied For

Not Applicable

City & State
OCALA, FL

City & State
OCALA, FL

Zip 34479 Country USA

Zip 34479 Country

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 |
|---------------|---|--|--------------------------------------|
| DPS | THAYER, JENNIFER T | 464 RINGLING BLVD. 1201 NE 77th ST | SARASOTA FL 34415 OCALA, FL 34479 |
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600003509136--6
-12/20/00-01077-002
***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THAYER, JENNIFER T
464 RINGLING BLVD.
SARASOTA FL 34236

1201 NE 77th ST
OCALA FL 34479

| | | |
|--|-------------|----------|
| 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

REGISTERED AGENT MUST SIGN

Date 11/18/00

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

JENNIFER T. THAYER 11/18/00 352401-1990

Date

Daytime Phone #