

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

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 # J86100

1. Corporation Name

MIKE'S AVIATION, INC.

Principal Place of Business

2200 NW 24TH ST
GAINESVILLE FL 32605

Mailing Address

2200 NW 24TH ST
GAINESVILLE FL 32605

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 08/06/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2853371	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	City / State / Zip
P	LUKOWSKI, MICHAEL J.	2200 NW 24TH ST	GAINESVILLE FL
D	LUKOWSKI, JUDITH A.	2200 NW 24TH ST.	GAINESVILLE FL

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****150.00 ****150.00
LS

8. Name and Address of Current Registered Agent

LUKOWSKI, MICHAEL J.
2200 NW 24TH ST.
GAINESVILLE FL 32605

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-21-00

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)(l), 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

SIGNATURE REQUIRED
LUKOWSKI

Date

11-21-00

Daytime Phone #

352-333-5555

CR2040 (800)

2062

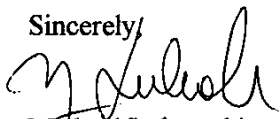
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee FL, 32314-6327

November 22, 2000

Dear Sirs:

I am requesting that you waive the \$600.00 reinstatement fee for Mike's Aviation, Inc. My wife and I are the sole owners of this small corporation. It has been in existence since 1987 and we have always paid all of our taxes. Something happened this spring and I did not receive the renewal form for the annual report as usual. I rely on receiving this form to remind me to pay the fee and file the form each year. A few days ago I received the Notice of Administrative Dissolution and was dismayed to find that I had overlooked the filing. In fact I thought that the form was for the 2001 filing and put it aside for a few days at first. When I opened it I found it was for dissolution.

Sincerely,


Michael Lukowski