

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUN 22 PM 2:50

DOCUMENT # **D90040**

1. Corporation Name

Craig Flight School, Inc.

100182477581
06/22/10--01020--004 **1050.00

2. Principal Office Address - No P.O. Box #

11539 Monument Ridge Dr

3. Mailing Office Address

11539 Monument Ridge Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville

City & State

Jacksonville

Zip

32225

Country

USA

Zip

32225

Country

USA

CR2E081 (6/10)

4. Date Incorporated or Qualified

To Do Business in Florida **09/31/1987**

5. FEI Number

592850610

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Colleen Straw

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

11539 Monument Ridge Dr

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32225

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Colleen Straw
REGISTERED AGENT MUST SIGN

Date **06/21/2010**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Colleen Straw	11539 Monument Ridge Dr	Jacksonville, FL 32225

REINSTATEMENT

BS 6/23/10
08-10

10. E-mail Address: **colleen.straw@comcast.net**

(To be used for future annual report notification)

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. I further certify, 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:

Colleen Straw **Colleen Straw**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/21/2010

Date

Daytime Phone #

904-6416427