

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # K60728

1. Corporation Name

PROFESSIONAL AUTO AIR, INC.

Principal Place of Business

528 E 6 STREET  
PANAMA CITY FL 32401  
US

Mailing Address

528 E 6 STREET  
PANAMA CITY FL 32401  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 NOV 20 AM 9:13



REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

01/25/1989

5. FEI Number

59-2933856

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	TURNAGE, TONY M.	528 E 6 STREET	PANAMA CITY FL 32401
<del>V</del>	<del>TURNAGE, PEGGY</del>	<del>5200 SHORES RD</del>	<del>PANAMA CITY FL 32401</del>

100009851051

12/04/02--01053--001 \*\*758.75

8. Name and Address of Current Registered Agent

TURNAGE, PEGGY MRS  
5200 SHORES RD  
PANAMA CITY FL 32404

9. Name and Address of New Registered Agent

Name

Tony M. Turnage

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

520 E. 6th St

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32401

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. or 617.0505, F.S.

Signature of  
Registered Agent

X

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11-20-02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-20-02 - 8507836735

CR2E040 (8/02)