

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # L12904

1. Corporation Name

JET ENGINEERING, INC.

Principal Place of Business

1621 DOG TRACK RD
PENSACOLA FL 32506

Mailing Address

1621 DOG TRACK RD
PENSACOLA FL 32506
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

08/20/1989

5. FEI Number

59-2963133

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
DP	WALLS, ROBERT C.	6049 SPANISH OAK DR.	PENSACOLA FL 32526
DS	FREEMAN, SHEILA W.	3445 MARCUS PONTE BLVD.	PENSACOLA FL
DT	FREEMAN, JACKIE D.	3445 MARCUS PONTE BLVD.	PENSACOLA FL
DV	R. CHRISTOPHER WALLS	6049 SPANISH OAK DR.	PENSACOLA FL 32526
DST	MARY ANN WALLS	6049 SPANISH OAK DR.	PENSACOLA FL 32526

8. Name and Address of Current Registered Agent

WALLS, ROBERT C.
6049 SPANISH OAK DR.
PENSACOLA FL 32526

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

000003038530-6

-11/08/99--01120--010

****750.00 ****750.00

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0606, F.S.

Signature of
Registered Agent

[Signature]

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:

-Robert C. Walls

[Signature]

10/28/99 850/453-3146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

~~DS-Sheila W. Freeman~~

10/25/99 850/478-4581

~~DT-Jackie D. Freeman~~

10/25/99 850/478-4581

FILED

99 NOV -1 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 99 11TS

CR22304 (Rev. 9/97)