

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
**Sandra B. Morham**  
 Secretary of State  
 DIVISION OF CORPORATIONS



**FILED**

97 DEC 26 AM 10:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L 24957**

1. Corporation Name  
**MISSION AIR GROUP, INC.**

Principal Place of Business Mailing Address

**ONE AYRES WAY  
 ALBANY, GA 31707**

**REINSTATEMENT 91-97**

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

4. Date Incorporated or Qualified To Do Business in Florida **10/24/1989**

5. FEI Number **58-1268348**

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES DIR	FRED P. AYRES	ONE AYRES WAY	ALBANY GA 31707
VP	CAROL Y. AYRES	ONE AYRES WAY	ALBANY GA 31707
SECU TREAS	DEBRA P. WILSON	ONE AYRES WAY	ALBANY GA 31707
ASST. SECU	JO ANNE AYRES	ONE AYRES WAY	ALBANY GA 31707

**400002383344--1**

8. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 Hays Street  
 Tallahassee, FL 32301**

9. Name and Address of New Registered Agent

Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code

**FL**

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 **Troy Todd** REGISTERED AGENT MUST SIGN **Troy Todd, As Agent** Date **12-26-97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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: **Fred P. Ayres** (FRED P. AYRES) **24 Dec 1997** (912) 883-1440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR25040 (12-95)

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ACCOUNT NO. : 072100000032  
 REFERENCE : 649819 63353A  
 AUTHORIZATION :  
 COST LIMIT : \$ ~~750.00~~ *Patricia Pzyts*

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 ORDER DATE : December 26, 1997 *1636.25*  
 ORDER TIME : 11:25 AM  
 ORDER NO. : 649819-005  
 CUSTOMER NO: 63353A  
 CUSTOMER: Ms. Jo Anne Ayres  
 Mission Air Group, Inc.  
 One Ayres Way  
 Albany, GA 31707  
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DOMESTIC FILINGS

NAME: MISSION AIR GROUP, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- \_\_\_\_\_ CERTIFIED COPY
- XX \_\_\_\_\_ PLAIN STAMPED COPY
- \_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder  
 EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
 12/28/97  
 11:25 AM  
 1636.25