

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 OCT -8 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 1,99210

1. Corporation Name

5K Aircraft Sales, Inc.

W08 - 44915

REINSTATEMENT 07-08KS

CR2E081 (10/08)

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

6981 Lake Devonwood Drive

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip

33908

Country

USA

3. Mailing Office Address

6981 Lake Devonwood Drive

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip

33908

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 9/7/90

5. FEI Number
65-0221844

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

Elizabeth P. Kagan

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

6981 Lake Devonwood Drive

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33908

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

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	John C. Kagan	6981 Lake Devonwood Drive	Fort Myers, FL 33908
VSD	Elizabeth P. Kagan	6981 Lake Devonwood Drive	Fort Myers, FL 33908
T	Charles H. Knox	8191 College Parkway, #302	Fort Myers, FL 33919

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09/23/08--01058--005 **500.00

10. 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 contained in Chapter 119, 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:

Charles H. Knox

Charles H. Knox

9/24/08

239-344-6808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #