

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **M78687**

1. Corporation Name

PRE-FLIGHT SERVICES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 19 AM 9:47

Principal Place of Business

Mailing Address

8440 TRADEPORT DRIVE
SUITE 102
ORLANDO FL 32827
US

8440 TRADEPORT DRIVE
SUITE 102
ORLANDO FL 32827
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

P.O. Box 621284

Orlando, FL

32862-1284

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/25/1988

5. FEI Number

59-2874774

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
DPT	WHEATON, BILLY J.	8046 LANDGROVE CT.	ORLANDO FL
DVPS	DAUGHERTY, REBECCA L.	8046 LANDGROVE CT.	ORLANDO FL

400003447734-5
-11/01/00--01109-018
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WHEATON, BILLY J.
8046 LANDGROVE CT.
ORLANDO FL 32819

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

REGISTERED AGENT MUST SIGN

Date

10/16/00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/00

Date

(407) 438-6444

Daytime Phone #

CR2E040 (8/00)