

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **M 85584**

1. Corporation Name

Rosie O'Grady's Aviation, Inc.

Principal Place of Business

**129 West Church St.
Orlando, FL 32801**

Mailing Address

**129 West Church St.
Orlando, FL 32801**

REINSTATEMENT

93-48
00

FILED

98 DEC -8 AM 11:44

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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

4. Date Incorporated or Qualified
To Do Business in Florida
June 15, 1988

5. FEI Number

59-2899082

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Director	Paul C. Ausley	500 East Princeton St.	Orlando, Florida 32803
Director	Edward A. Crooke	250 W. Pratt St., 23rd Fl.	Baltimore, Maryland 21201
Director	Dan R. Skowronski	250 W. Pratt St., 23rd Fl.	Baltimore, Maryland 21201
Director	Robert E. Windham	129 West Church Street	Orlando, Florida 32801
			4000002708214--4 -12/09/98--01114--012 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

**CT Corporation System
1200 S. Pine Island Road
Plantation, Florida 33324**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

4000002708214--4

-12/09/98--01114--013

*****1500.00 ***1500.00**

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

Jonnie Bryan

JONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

Date

12/3/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dan R. Skowronski, Director

12/7/98

Date

(410) 783-2814

Daytime Phone #

CR2E040 (1/98)