

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

11/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N01 000 000 325**

1. Corporation Name

**EXPERIMENTAL AIRCRAFT ASSOCIATION,
CHAPTER 193, INC.**

2. Principal Office Address

4001 PINTO RD

Suite, Apt. #, etc.

3. Mailing Office Address

5171 CHARLEMAGNE RD

Suite, Apt. #, etc.

City & State

MIDDLEBURG, FL

City & State

JACKSONVILLE, FL

Zip

32068

Country

US

Zip

32210

Country

US

500065577765
02/10/06--01042--020 **61.25

500065577765
02/10/06--01042--019 **131.25

CR2E081 (8/05)

04-06

4. Date Incorporated or Qualified
To Do Business in Florida

1/12/01

5. ECI Number

59-3699670

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

BEN BURBRIDGE

5171 CHARLEMAGNE RD

JACKSONVILLE, FL

32210

State
FL

32210

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

Ben Burbridge

REGISTERED AGENT MUST SIGN

Date

12/4/05

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
D/P	MILFORD SHIRLEY	4001 PINTO RD.	MIDDLEBURG, FL 32068
D/V	RICHARD PHILLIPS	1196 CROSSLANDS DR.	GREENCOVE SPRINGS, FL 32043
D/T	KENNETH DOBBIN	3731 WESTOVER RD	ORANGE PARK, FL 32063
D/S	JOHN NEWMAN	3174 RIVER RD. N.	GREEN COVE SPRINGS, FL 32043

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 under section 119.07(3)(l), 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:

Milford Shirley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-26-05
Date

904-333-1092
Daytime Phone #

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Experimental Aircraft Association, Chapter 193, Inc.
5171 Charlemagne Rd
Jacksonville, FL 32210

December 4, 2005

Florida Department of State
Secretary of State
Division of Corporations
P.O Box 6327
Tallahassee, FL 32314

Re. Application for Re-instatement and Waiver of \$175 re-instatement fee

Enclosed please find an application for re-instatement of Florida non-profit corporation Experimental Aircraft Association, Chapter 193, Inc. Document # N01 000 000 325. We are applying for Corporation Reinstatement as we had an Administrative Dissolution for (lack of filing) Annual Report.

The reason for lack of filing of Annual Report is that we are a very small organization with high turnover of officers. Our Resident Agent of record is long gone, and did not forward filing information to his successor. Your website states that the \$175 re-instatement fee can be waived for "non-receipt of the prior notices." That is exactly what happened in our case. My e-mail to corphelp explained that the downloaded blank form had no box to check attesting to this. The e-mail response instructed me to pay the regular fees and send a form letter requesting waiver of the penalty. I trust this letter will suffice.

Enclosed is our check for \$61.25 for 2004, plus \$61.25 for 2005, plus \$8.75 for a Certificate of Status, totaling \$131.25.

Sincerely,



Ben Burbridge, new Resident Agent
(904) 389-8323
benburb@comcast.net

Enclosures (2)