

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAR -3 AM 8:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000005527**

1. Corporation Name

**CHRISTIAN AVIATION ACADEMY, INC.**

Principal Place of Business

**448 DENICE LANE  
SARASOTA FL 34232**

Mailing Address

**448 DENICE LANE  
SARASOTA FL 34232**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**4627 ARDALE STREET**  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

**4627 ARDALE STREET**  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

**08/06/2001**

5. FEI Number

Applied For

Not Applicable

City & State

**SARASOTA, FL**

City & State

**SARASOTA, FL**

Zip

**34232**

Country

**USA**

Zip

**34232**

Country

**USA**

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	4 City / State / Zip
D/P	GANGNAGEL, DONALD D	<del>3220 G. CASTLETON DR.</del> 4627 ARDALE ST	BRADENTON FL 34208 SARASOTA, FL 34232
D/T	GANGNAGEL, DONALD J	4126 NW 34TH TERRACE	GAINESVILLE FL 32605
D/S	PERRY, TARA L	<del>4716 4TH AVE E.</del> 3623 5TH AVE NE	BRADENTON FL 34208

8. Name and Address of Current Registered Agent

**GANGNAGEL, DONALD D**  
**448 DENICE LANE**  
**SARASOTA FL 34232**

9. Name and Address of New Registered Agent

Name **GANGNAGEL, DONALD D**  
Street Address (P.O. Box Number is Not Acceptable)  
**4627 ARDALE STREET**  
Suite, Apt. #, Etc.  
City **SARASOTA** State **FL** Zip Code **34232**

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. or 617.0505, F.S.

Signature of Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date **2/26/03**

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/26/03 (941)379-9039**

Date

Daytime Phone #

CR2E040 (8/02)

REINSTATEMENT 02-03