

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC 10 AM 9:24

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N03000002882*

1. Corporation Name

South Florida Business Aviation Association, Inc.

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

1100 Lee Wagener Blvd.

Suite, Apt. #, etc.

Suite 320

City & State

Ft. Lauderdale, FL

Zip

33315

Country

USA

3. Mailing Office Address

1100 Lee Wagener Blvd.

Suite, Apt. #, etc.

Suite 320

City & State

Ft. Lauderdale, FL

Zip

33315

Country

USA

REINSTATEMENT *06-07*

4. Date Incorporated or Qualified
To Do Business in Florida

04/02/2003

5. FEI Number

412099834

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

Scott Ramsden

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

1100 Lee Wagener Blvd.

Suite, Apt. #, Etc.

Suite 320

City

Ft. Lauderdale

State

FL

Zip Code

33315

☐ 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

Scott Ramsden

Date *12/5/07*

REGISTERED AGENT MUST SIGN

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
<i>P</i>	<i>Jeff Ramsden</i>	<i>2045 Discovery Circle E Deerfield Beach, FL 33442</i>	<i>Deerfield Beach, FL 33442</i>
<i>VP</i>	<i>Tracy Gough</i>	<i>1060 Pepperidge Terrace</i>	<i>Boca Raton, FL 33486</i>
<i>AT</i>	<i>Scott Ramsden</i>	<i>2656 Palmer Place</i>	<i>Weston, FL 33332</i>

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*12/10/07--01024--007 **297.50*

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:

Scott Ramsden

Scott Ramsden

12/5/07

954-359-0208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/12/19