

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

FILED
2008 MAY 22 AM 6:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N05000001406**

1. Corporation Name
**Model AVIATORS OF DeFuniak
Springs, Florida, Inc.**

2. Principal Office Address - No P.O. Box #
89 Pinehurst, LA.

3. Mailing Office Address
755 Perry Campbell Rd.

Suite, Apt. #, etc.
City & State
DeFuniak Springs, Fl. Ponce De Leon, Fl.

Zip Country
32433 Walton 32455 Walton

REINSTATEMENT
CR2E081 (12/07) **06-08**

4. Date Incorporated or Qualified
To Do Business in Florida **05 Feb 10**

5. FEI Number ☐ Applied For
☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$6.75 Application fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Jeremy Bryant

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

Suite, Apt. #, Etc.
City
DeFuniak Springs

State Zip Code
FL 32433

☒ 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 **John Burney** Date **5-19-08**

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
Pres.	John Ritter	452 Bob M ^c Caskill Rd	DeFuniak Springs, Fl. 32433
Sec.	Donald Wright	89 Pinehurst La.	DeFuniak Springs, Fl. 32433
Tre.	John Burney	755 Perry Campbell Rd.	Ponce De Leon, Fl. 32455

400130067504
05/23/08--01006--013 **183.75

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: **John Burney - John Burney, Sec.** Date **5-19-08** 850-685-2051

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-20-08

2082

To Whom it May Concern:

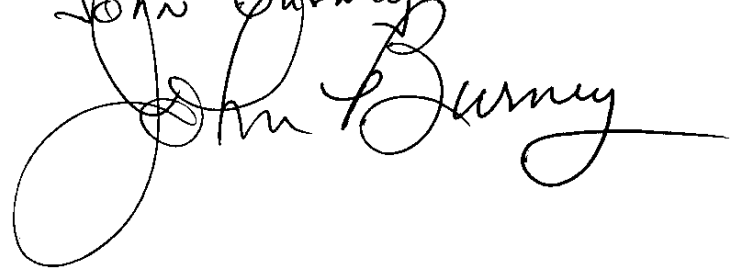
Model Aviators of DeFurink Springs
did not receive prior notice of fees.

For 2006 & 2007.

Therefore after talking with
your office, we are sending a
check for 183.75, to have corporation
reinstated.

Model Aviators of DeFurink Springs

John Barney - Treas.

A large, stylized handwritten signature of John Barney, written in black ink. The signature is cursive and flows from the text above it.