

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 AUG -9 PM 4:08

DOCUMENT # **NOS 000009626**

1. Corporation Name **St. Augustine Air Shows, Inc.**

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

4900 US 1 N

Suite, Apt. #, etc.

Suite 100

City & State

St. Augustine

Zip

32095

Country

USA

3. Mailing Office Address

4900 US 1 N.

Suite, Apt. #, etc.

Suite 100

City & State

St. Augustine

Zip

32095

Country

USA

400183563664
07/22/10--01037--008 **297.50
400183563664
08/09/10--01055--004 **61.25
CR2E081 (4/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5/4/2005

5. FEI Number

76-0789779

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

GEORGE M. McClure

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

81 King Street

Suite, Apt. #, Etc.

Suite A

City

St. Augustine

State

FL

Zip Code

32084

PROFIT CORPORATIONS ONLY

☐ The \$600.00 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

REGISTERED AGENT MUST SIGN

Date

7/20/10

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
P/D	Craig A. Fordem	728 Palm Hammock Cir	St. Aug, FL 32095
VP/D	Michael Stringluff	4900 US 1 N. Suite 100	St. Aug, FL 32095
T/D	Paul T. Huggins	1288 Paradise Pond Rd.	St. Aug, FL 32092
S/D	Mildred G. Huggins	1288 Paradise Pond Rd.	St. Aug, FL 32092
REINSTATEMENT OF - 10			
8/9/10			

10. E-mail Address: **C.Fordem@aerobaticexperience.com**

(To be used for future annual report notification)

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. I further certify, 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

5-27-10

Date

904-825-0203

Daytime Phone #