


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>N15108</u>		97 SEP 18 PM 1:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name <u>North Florida Charity Airshow, Inc.</u>		REINSTATEMENT <u>92-97</u>	
Principal Place of Business <u>Rt 19 Box 1030</u> <u>Lake City, FL 32025</u>		Mailing Address <u>Rt 19 Box 1030</u> <u>Lake City, FL 32025</u>	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable <u>Rt 19 Box 1030</u> Suite, Apt. #, etc. <u>Lake City, FL 32025</u> City & State Zip Country		3. New Mailing Office Address, If Applicable <u>Rt 19 Box 1030</u> Suite, Apt. #, etc. <u>Lake City, FL 32025</u> City & State Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number <u>59-2894019</u> Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Vernon Douglas	725 E. Putman St	Lake City, FL 32025
V.P./D	Marshall Douglas	86 N. 5th st	Lake City, FL 32025
S/D	Mike Null	528 W. Duval st.	Lake City, FL
T/D	Mike Lee	Rt 19 Box 1030	Lake City, FL 32025
			200002300902--8 -09/23/97--01046--009 ****542.50 ****542.50 <u>09-19-97</u>
8. Name and Address of Current Registered Agent <u>Sandra B. Furches</u> <u>P. O. Box 1736</u> <u>Lake City, FL 32025</u>		9. Name and Address of New Registered Agent Name <u>Micheal Lee</u> Street Address (P.O. Box Number is Not Acceptable) <u>Rt 19 Box 1030</u> Suite, Apt. #, Etc. City <u>Lake City, FL 32025</u> State <u>FL</u> Zip Code <u>32025</u>	
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. Signature of Registered Agent <u>[Signature]</u> REGISTERED AGENT MUST SIGN Date <u>08/09/97</u>			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
12. 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		08/29/97 904-752-1822 ext. 1201 Date Daytime Phone #	

CR2E040 (12/96)