

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

09 MAR 20 PM 1:06

DOCUMENT # N 27270

1. Corporation Name

Experimental Aircraft Association
Inc Chapter # 902

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

3100 Industrial #3

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft Pierce FL

City & State

FL

Zip

Country

Zip

Country

34946

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

30.033 P453

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

RON KNAGGS

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

133 QUEEN CHRISTINA CT.

Suite, Apt. #, Etc.

PORT PIERCE

City

State

Zip Code

FL

34949

☒ 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.

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03/20/09--01021--017 **183.75

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

Ron Knagg

REGISTERED AGENT MUST SIGN

Date 3-18-09

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	JAMES WETZEL	1186 SE Clifton Ln	Port St Lucie FL
VP	ED ELDER	309 GRANADA	Fort Pierce FL 34949
S	JERRY GROENDYKE	5808 Papaya Dr.	Fort Pierce 34982
T	RON KNAGGS	133 Queen Christina Ct	Ft. Pierce FL 34949
			34949
			07-05 TB

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-09

Date

Daytime Phone #

3x61.25
183.75

CR2E081 (12/08)