PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION ~~REINSTATEMENT~~ 2005 AR

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JAN 19 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 AR

DOCUMENT # N31329

1. Corporation Name
PENSACOLA AERO MODELERS INC.

2. Principal Office Address	3. Mailing Office Address
5980 PAWNEE DR	5980 PAWNEE DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PENSACOLA FL	City & State: PENSACOLA, FL
Zip: 32526 Country: ESCAMBIA	Zip: 32526 Country: ESCAMBIA

4. Date Incorporated or Qualified To Do Business in Florida: Feb. 1990

5. FEI Number: 59-3165486 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

61.25

7. Name and Address of Current Registered Agent

Name: BOBE, CLINT

Street Address (P.O. Box Number is Not Acceptable): 5719 N W ST.

300044973573
01/13/05--01003--003 **61.25

Suite, Apt. #, Etc.

City: PENSACOLA State: FL Zip Code: 32505

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: Thomas E. Bobe Date: _____
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
PD	RAE W FRITZ	5980 PAWNEE DR	PENSACOLA, FL 32526
VD	R. HERRMANN	6805 PEBBLE DR	PENSACOLA, FL 32505
STD	BOBE, CLINT	51 DELUNA DR	PENSACOLA, FL 32506

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 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.

850 944 5121

SIGNATURE: Rae W Fritz RAE W FRITZ JAN 10,05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #