

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JAN 23 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **N34034**

1. Corporation Name

**ORLANDO AIR CARGO ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1031 WEST MORSE BLVD  
SUITE 105  
WINTER PARK FL 32789  
US

P.O. BOX 622011  
ORLANDO FL 32862-2011

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~8870 BOGGY CREEK RD~~  
Suite, Apt. #, etc.  
~~STE. 650~~

3. New Mailing Office Address, If Applicable

~~SITE. 650~~  
Suite, Apt. #, etc.

City & State  
~~ORLANDO, FL~~

City & State

Zip ~~32824~~ Country **USA**

Zip Country



**REINSTATEMENT** 03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

**09/05/1989**

5. FEI Number

**46-4762378**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$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	4 City / State / Zip
<del>DP</del>	<del>PORTER, JEANNE</del>	<del>9575 BENEFORD ROAD</del>	<del>ORLANDO FL 32809</del>
<del>DT</del>	<del>KAHN, LAURENCE</del>	<del>3200 LAWTON ROAD, SUITE 100</del>	<del>ORLANDO FL 32809</del>
<del>DS</del>	<del>GALLAGHER, MARIAN</del>	<del>9575 BENEFORD ROAD</del>	<del>ORLANDO FL 32824</del>
DP	NOELL, DAVE	505 LITTLE WEKIVA ROAD	ALTAMONTE SPRINGS, FL 32714
DV	LARIA, JAMES	1481 LAKE MIST LANE	CLERMONT, FL 34711
DT	GALLAGHER, MARIAN	4921 CEDARSTONE LANE	ORLANDO, FL 32822

8. Name and Address of Current Registered Agent

~~APPLETON, MICHAEL J~~  
~~111 N ORANGE AVE~~  
~~SUITE 1010~~  
~~ORLANDO FL 32804~~

9. Name and Address of New Registered Agent

Name  
**RICHARD LA VALLEE**  
Street Address (P.O. Box Number is Not Acceptable)  
**4308 WOODLYNNE LANE**  
Suite, Apt. #, Etc.

City **ORLANDO** State **FL** Zip Code **32812**

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date **1/8/2004**

**700027547307**  
**01/26/04--01020--024 \*\*306.25**

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 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.

**MARIAN P GALLAGHER/TREASURER**

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/8/2004 467-855-7751**

CR2E040 (7/03)