

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 SEP -8 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004480

1. Corporation Name

YE MYSTIC AIRKREWE, INC.

2. Principal Office Address

3221 W. DeLeon St.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33609

Country

USA

3. Mailing Office Address

3221 W. DeLeon St.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33609

Country

USA

REINSTATEMENT

900022549459
03/09/03--01073--002 **175.00

900022549459
08/25/03--01057--003 **61.25

4. Date Incorporated or Qualified
To Do Business in Florida

10/4/93

5. FEI Number

N/AE

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

Beverly Oliva-Vail

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

3221 W. DeLeon Street

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33609

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

Beverly Oliva-Vail
REGISTERED AGENT MUST SIGN

Date August 22, 2003

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
Pres.	Larry Marlewski	18905 Chaville Rd.	Lutz, FL 33558
V-Pres.	Camille Turley	7103 Silvermill Dr.	Tampa, FL 33635
Sec.	Barbara Huber	1415 Beach Club Lane	Apollo Beach, FL 33572
Treas.	Beverly Oliva-Vail	3221 W. DeLeon Street	Tampa, FL 33609

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.

SIGNATURE: BEVERLY OLIVA-VAİL *Beverly Oliva-Vail* 8/22/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(813) 276-5464 x277

Daytime Phone #

CR2001 (10/02)

7/9/03