

CORPORATION
ANNUAL REPORT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
1995-1996 FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 MAR 20 PM 3:02

SECRETARY OF STATE
JULIUS ROSS

DOCUMENT # N94000002256

1. Corporation Name
THE SEVEN FIVE WHISKEY FLYING CLUB, INC.

Principal Place of Business
C/O ANDREW CONLYN
7461 PINELAND RD.
PINELAND FL 33945

Mailing Address
C/O ANDREW CONLYN
~~7461 PINELAND RD.~~ P.O. BOX 3037
PINELAND FL 33945

300001751733
-03/21/96--01006--001
****216.25 ****216.25

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Office Address, If Applicable
C/O Andrew Conlyn
P.O. Box 3037
Pineland Florida
Zip 33945 Country

4. Date Incorporated or Qualified To Do Business in Florida 05/02/1994

5. FEI Number 65-0494759 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City/State/Zip
PRES	Andrew Conlyn	7461 Pineland Rd.	Pineland Florida 33945
DIR	Vivian Conlyn	7461 Pineland Rd	Pineland, FL 33945
DIR	John "Mac" McCarthy	1318 SE 34th Terr	Cape Coral FL

8/25/95 admin. div. was due to a "communication error." Therefore, corp. was returned to active status with the filing of this AR & payment of FF totaling \$216.25. - Velt

8. Name and Address of Current Registered Agent
CONLYN, ANDREW
7461 PINELAND RD.
PINELAND FL 33945

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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 Date March 13, 1996
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: (941) 275 8781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #