

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N94000005183**

1. Corporation Name

ORMOND HANGAR OWNERS ASSOCIATION, INC.

97 DEC 23 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**3 SUNSHINE BOULEVARD
ORMOND BEACH FL 32174**

Mailing Address

**3 SUNSHINE BOULEVARD
ORMOND BEACH FL 32174**



200002384342--6

12/24/97-01061-006

****236.25 ****236.25

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

2. New Principal Office Address, If Applicable

3 AVIATOR WAY

Suite, Apt. #, etc.

SUITE D

City & State

ORMOND BEACH, FLORIDA

Zip

32174

Country

USA

3. New Mailing Office Address, If Applicable

3 AVIATOR WAY

Suite, Apt. #, etc.

SUITE D

City & State

ORMOND BEACH, FLORIDA

Zip

32174

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/17/1994

5. FEI Number

59-3169887

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
STD	CARLSON, BILL	3 SUNSHINE BOULEVARD	ORMOND BEACH FL 32174
PD	NEWSLOW, JAMES A	4 SIGNAL AVENUE 3 AVIATOR WAY, SUITE D	ORMOND BEACH FL 32174
VD	KENNEDY, R. MICHAEL	687 BEVILLE ROAD STE A	SOUTH DAYTONA FL 32119

REINSTATEMENT

A. Alan

8. Name and Address of Current Registered Agent

**CARLSON, BILL
3 SUNSHINE BOULEVARD
ORMOND BEACH FL 32174**

9. Name and Address of New Registered Agent

Name

JAMES A. NEWSLOW

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

3 AVIATOR WAY

Suite, Apt. #, Etc.

SUITE D

City

ORMOND BEACH

State

FL

Zip Code

32174

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

James A. Newslow

REGISTERED AGENT MUST SIGN

Date **DECEMBER 19, 1997**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Bill Carlson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(904) 6770573

Daytime Phone #

CR2E040 (9/97)