

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

97 DEC 23 AM 11:05

DOCUMENT # N94000005183

1. Corporation Name
ORMOND HANGAR OWNERS ASSOCIATION, INC.

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
-12/29/97--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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for Carlsson, Bill; Newslow, James A; Kennedy, R. Michael.

REINSTATEMENT 97
A. Alan
12/23/97

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

Date

(904) 6770573 Daytime Phone #

CR2E040 (9/97)