

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB -4 PM 12: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 094000005183

1. Corporation Name

ORMOND HANGAR OWNERS ASSOCIATION,
INC

2. Principal Office Address

770 Airport Rd

Suite, Apt. #, etc.

#13

City & State

Ormond Beach

Zip

32174

Country

USA

3. Mailing Office Address

770 Airport Rd

Suite, Apt. #, etc.

#13

City & State

Ormond Beach

Zip

32174

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/17/94

5. FEI Number

593169887

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

Richard Lemke

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

770 Airport Rd

Suite, Apt. #, Etc.

#13

City

Ormond Beach

State

FL

Zip Code

32174

700046418447

02/11/05--01011--015 **421.00

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

Richard Lemke

Date 2/1/05

REGISTERED AGENT MUST SIGN

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
P.T.D. Pres/D	Richard Lemke	770 Airport Rd #13	Ormond Beach FL 32174
V.Pres/D	Ron Boulting	770 Airport Rd #1	Ormond Beach FL 32174
S/D	Adrian Thompson	770 Airport Rd #7	Ormond Beach FL 32174

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:

Richard Lemke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Lemke P.T.D.

Date

2/1/05

Daytime Phone #

386-676-9222

CR20081 (01/05)