

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 10 PM 5:08

DOCUMENT # N97000000174(9)

1. Corporation Name

C 2 AVIATION, INC.

2. Principal Office Address

661 N.W. Sunset Drive

3. Mailing Office Address

661 N.W. Sunset Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Stuart, FL 34994

City & State

Stuart, FL 34994

Zip

34994

Country

USA

Zip

34994

Country

USA

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

02/08/96

5. FEI Number

59-3358323

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

Lawrence E. Crary III, Esq.

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

555 Colorado Avenue

Suite, Apt. #, Etc.

Suite 1

City

Stuart

State

FL

Zip Code

34994

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

Lawrence E. Crary III

Date 11/30/01

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/D	Robert Meyer	661 N.W. Sunset Drive,	Stuart, FL 34994
VP/D	Sandra Meyer	661 N.W. Sunset Drive,	Stuart, FL 34994
S/D	Robert Bates	3741 S.E. Bowsprit,	Stuart, FL 34997

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)(f), 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:

RM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/01

Date

561-692-1770

Daytime Phone #