

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 16 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N97000002692**

1. Corporation Name

**SUNSTATE Wing + Rotor Club
INC EAA Chapter 1192**

2. Principal Office Address

21971 N. River Rd.

Suite, Apt. #, etc.

City & State

ALVA FL.

Zip

33920 USA

3. Mailing Office Address

21971 N. River Rd.

Suite, Apt. #, etc.

City & State

ALVA FL.

Zip

33920 USA

REINSTATEMENT 03-04

400030565004

03/16/04--01050--029 **52.50

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

5. FEI Number

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 L. OXNAM

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

21971 N. River Rd.

Suite, Apt. #, Etc.

City

ALVA

State

FL

Zip Code

33920

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 L. Oxnam

REGISTERED AGENT MUST SIGN

Date

3-5-04

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
Pres.	RICHARD L. OXNAM	21971 N. River Rd.	ALVA FL. 33920
VICE Pres.	DAVE SEACE	19212 GRANGE HALL Loop	LITHIA FL. 33547
SECRETARY	MARY JANE OXNAM	21971 N. River Rd.	ALVA FL. 33920
TREASURER			

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 L. Oxnam

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-5-04 239-633-0156

Daytime Phone #

CR2E081 (01/04)