

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JAN -4 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000005152

1. Corporation Name

EAA CHAPTER 692, TREASURE COAST FLYERS, INC.

Principal Place of Business

P.O. BOX 1677
JENSEN BEACH FL 34958

Mailing Address

P.O. BOX 1677
JENSEN BEACH FL 34958



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/02/1998

5. FEI Number

65-1061185

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	INGRAM, ERIC DAN LIVINGSTON	1805 NW OCEANVIEW BLVD 4006 W WHITNEY DR	JENSEN BEACH FL 33458 JUPITER, FL 33458
VPD	STEWART, BILL	865 FESCO CT	PT ST LUCIE FL
SD	DAN THURMAN	873 SW HAMBERLAND AVE	PORT ST LUCIE FL 34953
TD	GORDON, MEROMEA ROBERT E. BENNETT	8044 SW ARLINGTON WAY 524 NE SIERRA WAY	PALESTINE FL JENSEN BEACH, FL 34957
			LS 700003532267--9 -01/11/01--01019--004 *****61.25 *****61.25

8. Name and Address of Current Registered Agent

INGRAM, ERIC L
865 FESCO COURT
PORT ST LUCIE FL 34953
ROBERT E. BENNETT
524 NE SIERRA WAY
JENSEN BEACH, FL
34957

9. Name and Address of New Registered Agent

Name ROBERT E. BENNETT
Street Address (P.O. Box Number is Not Acceptable)
524 NE SIERRA WAY
Suite, Apt. #, Etc.
City JENSEN BEACH State FL Zip Code 34957

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

ROBERT E. BENNETT
REGISTERED AGENT MUST SIGN

Date 12/18/00

11. 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:

ROBERT E. BENNETT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/00 561-334-4172
Date Daytime Phone #

To Whom it may Concern:

②

We received a notice of revocation of our corp. in September. I had not received any other mail from the division of corp. until then. We had applied for an EIN # from the IRS, but never received it. I have subsequently re-applied and received the # 65-1061135.

please add this # and re-instate Corp. I am sending copy of our check that was paid in Feb. 00 # 1027

Sincerely Yours

Robert E. Bennett

12/18/00