

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000024753

1. Corporation Name

Osprey Aviation, Inc.

2. Principal Office Address - No P.O. Box #

714 NW 123rd Drive

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip

33071

Country

USA

3. Mailing Office Address

714 NW 123rd Drive

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip

33071

Country

USA

7. Name and Address of Current Registered Agent

Name

M. Glenn Curran, III, P.A.

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

2400 East Commercial Boulevard

Suite, Apt. #, Etc.

Coastal Tower, Suite 208

City

Fort Lauderdale

State

FL

Zip Code

33308

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

REGISTERED AGENT MUST SIGN

Date

12/23/09

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	Steve Radotic	714 NW 123rd Drive	Coral Springs, FL 33071

10. E-mail Address: sradotic@taas.com

SRadotic@RSLLC-NCIO

(To be used for future annual report notification)

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. I further certify 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Steve Radotic 954/813-1148 12/28/09

FILED

10 JAN 21 AM 11:27

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

900164031409
12/29/09--01033--012 **1500.00

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida 03/06/2000

5. FEI Number
650986333

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

900164031409
01/22/10--01016--007 **150.00