

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 20 AM 8:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000097652

1. Corporation Name

CAMILLA AIRCRAFT INTERIORS, INC.

Principal Place of Business

Mailing Address

2751 FLIGHTLIE AVE
SANFORD FL 32773

2751 FLIGHTLIE AVE
SANFORD FL 32773

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/16/2000

5. FEI Number

59-3677409

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) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-----------------------------|
| P | IHRISKY, PETER M | 1911 RANCHLAND TR | LONGWOOD FL 32750 |
| V | MYERS, CURTIS | 2850 ALLERCA CR | SANFORD FL 32773 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

IHRISKY, PETER M
1911 RACHLAND TRAIL
LONGWOOD FL 32750

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Peter M. Ihrisky

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-08-03

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:

Peter M. Ihrisky
PETER M. IHRISKY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-17-03 407-322-8123

CR2E040 (7/03)

To whom it may concern
Fla. Dept. of State Division of Corporations.

10/08/03

A corrected document # P00000097652 was mailed to your department in June of this year. It was sent to the address that was on the envelope. We have paid the \$ 150.00 fee that is Required for the year. Enclosed is another corrected form and I hope this will satisfy your Dept.

Peter M. Ihrisky
Camilla Aircraft Interiors Inc.