

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS



FILED

02 NOV 12 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000098574

1. Corporation Name

R & S AVIATION SERVICES, INC.

Principal Place of Business

27507 BARETTA DRIVE
BONITA SPRINGS FL 34135

Mailing Address

27507 BARETTA DRIVE
BONITA SPRINGS FL 34135

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

10/18/2000

5. FEI Number

APPLIED FOR

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	COMBS, REX L	27507 BARETTA DR.	BONITA SPRINGS FL 34135
D	FLETCHER-COMBS, SANDRA G	27507 BARETTA DR.	BONITA SPRINGS FL 34135

800008901968

11/12/02 01031 003 **150.00

8. Name and Address of Current Registered Agent

COMBS, SANDRA
27507 BARETTA DRIVE
BONITA SPRINGS FL 34135

9. Name and Address of New Registered Agent

Name

S Combs

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

796 Wall Street

Suite, Apt. #, Etc.

City

Lake City

State

FL

Zip Code

32025

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

Sandra Fletcher-Combs

REGISTERED AGENT MUST SIGN

Date

11/2/02

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/2/02 386 155 2636

CR2E040 (8/02)

November 2, 2002


Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

Attention: To Whom It May Concern in Division of Corporations:

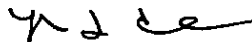
Thank you for the notice that our UBR had not been filed. I am very sorry that we did not receive the two prior uniform business report notices. We currently are located at 796 Wall Street Lake City, Florida 32025. We moved here several months ago and can only guess that your notices were not forwarded. We have not received either of the two prior uniform business reports.

Please accept this apology along with the completed application for reinstatement with our check in the amount of \$150.00. Thank you very much in advance for your understanding. I guarantee this will not happen again.

Thank you very much,



Sandra Fletcher-Combs



Rex L. Combs