

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Catherine E. Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT 24 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000117934

1. Corporation Name

ACCEL AVIATION ACCESSORIES, INC.

Principal Place of Business

Mailing Address

~~1234 VISCAYA PKWY.~~

~~1234 VISCAYA PKWY.~~

~~CAPE CORAL FL 33900~~

~~CAPE CORAL FL 33900~~

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/29/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11900 LACY LANE
FT MYERS FL

11900 LACY LANE
FT MYERS FL

Zip

Country

Zip

Country

33912

USA

33912

USA

5. FEI Number

76-0521916

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 |
|----------|--------------------------------------|---|---------------------|
| DP | VILLANO, JUDITH | 1234 VISCAYA PKWY. | CAPE CORAL FL 33990 |
| DST | RASMUSSEN, LISA | 1234 VISCAYA PKWY. | CAPE CORAL FL 33990 |
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11/14/01--01090--009
***150.00 ***150.00

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VILLANO, CHRIS

1234 VISCAYA PKWY.

CAPE CORAL FL 33900

Name

VILLANO CHRIS

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

11900 LACY LANE

Suite, Apt. #, Etc.

F

City

FT MYERS

State

FL

Zip Code

33912

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

[Signature]

Date

10 22 01

REGISTERED AGENT MUST SIGN

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-22-01

Daytime Phone #



208
ACCEL AVIATION ACCESSORIES, INC

FAA Repair Station #T3VR840N

11900 Lacy Lane

Fort Myers, Florida 33912 USA

E-mail: AccelAv@aol.com

Toll Free: 888.686.4880

Business: 941.275.8202

Fax: 941.275.7311

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

October 22, 2001

To Whom It May Concern:

We have not received a rejection notice for the 2001 Annual Report. We had relocated our facility in June of this year and had not received any forwarding correspondence regarding this report. I have filled out the application for reinstatement and enclosing a check for \$150.00. Please confirm that our Corporation will be reinstated. If you require any additional information please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Chris Villano".

Chris Villano