

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR -3 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000015252

1. Corporation Name

C'S AVIATION MANAGEMENT CORP

2. Principal Office Address

1758 GLEN ABBY LANE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

WINTER HAVEN, FL

City & State

Zip

33881

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/09/01

5. FEI Number

65-1076524

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CARROLL, MICHAEL F

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

1758 GLEN ABBY LANE

Suite, Apt. #, Etc.

City

WINTER HAVEN

State

FL

Zip Code

33881

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

Date

REGISTERED AGENT MUST SIGN

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/D	CARROLL, MICHAEL F	1758 GLEN ABBY LANE	WINTER HAVEN, FL 33881
S/D	CARROLL, WENDY	1758 GLEN ABBY LANE	WINTER HAVEN, FL 33881

10. 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:

Michael F Carroll

MICHAEL F CARROLL

01/27/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

861-401-9631

CR2E081 (10/02)