

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 NOV -7 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000053336**

1. Corporation Name

KAMBINI AVIATION, INC.

Principal Place of Business

Mailing Address

4308 RIDGELAND DRIVE
PACE FL 32571

4308 RIDGELAND DRIVE
PACE FL 32571

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

05/21/2001

5. FEI Number

59-3707056

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$6.75 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
VP	KAMBUROFF, BRIAN	4308 RIDGELAND DRIVE	PACE FL 32571
P	KAMBUROFF, MARIA	4308 RIDGELAND DRIVE	PACE FL 32571

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KAMBUROFF, BRIAN
4308 RIDGELAND DRIVE
PACE FL 32571

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (7/03)

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

SIGNATURE

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4 Nov 2003 (850) 994-7750

Kambini Aviation, Inc.
4308 Ridgeland Drive
Pace, FL 32571

November 3, 2003

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314-6327

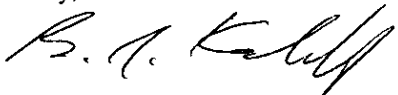
Dear Glenda E. Hood,

This is in reference to reinstating my corporation, Kambini Aviation, Inc., with the State of Florida.

I'm a pilot in the military and on occasions I must be away from home for a short period of time. When I got home from my last trip, I received this notice from the state. This is my first notice. If I had known about this form I would have paid before I left home.

I have enclosed the \$150.00 for reinstatement and filled out the form. Again, I apologize for the inconvenience, but this was the first notice I received.

Sincerely,



Brian Kamburoff
President