

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

FOR

Jim Smith

REINSTATEMENT

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000091435

1. Corporation Name

MALLOY AVIATION, INC.

Principal Place of Business

Mailing Address

2201 ALAQUA DRIVE  
LONGWOOD FL 32779

2201 ALAQUA DRIVE  
LONGWOOD FL 32779

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

09/14/2001

5. FEI Number

59-3749198

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
DPST	MALLOY, DALLAS	2201 ALAQUA DRIVE	LONGWOOD FL 32779

300008672803  
10/29/02--01113--026 \*\*150.00

300008672803  
10/29/02--01113--027 \*\*8.75

8. Name and Address of Current Registered Agent

MALLOY, DALLAS  
2201 ALAQUA DRIVE  
LONGWOOD FL 32779

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

CR2040 (3/02)

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]*  
REQUIRED  
REGISTERED AGENT MUST SIGN

Date

Oct 22, 2002

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]*  
REQUIRED

10/22/02 4074449948

# Dallas N. Malloy



2201 Alaqua Drive  
Longwood, FL 32779  
Phone 407-444-9948  
Fax 407-444-9969  
Email [dnmalloy@cfl.rr.com](mailto:dnmalloy@cfl.rr.com)

October 22, 2002

Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, Florida

Gentlemen:

Last year I incorporated Malloy Aviation, Inc. I did not know that I was required to submit an annual renewal for that corporation. I have received no correspondence concerning this matter until receipt of the enclosed form today. As per conversation with your office I am requesting that the penalty filing fee be waived. I am including \$150.00 for renewal. I will file promptly in the future.

Sincerely:

A handwritten signature in cursive script, appearing to read "Dallas N. Malloy", written over a horizontal line.

Dallas N. Malloy