

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -7 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000114374**

1. Corporation Name

KEY WEST AIRLINES, INC.

REINSTATEMENT 02-03

2. Principal Office Address

1320 DEVON RD.

Suite, Apt. #, etc.

3. Mailing Office Address

1320 DEVON RD.

Suite, Apt. #, etc.

City & State

WINTER PARK, FL

City & State

WINTER PARK, FL

Zip

32789

Country

USA

Zip

32789

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/04/01

5. FEI Number

59-3759875

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

RALPH G. FONTANA

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

1320 DEVON RD.

Suite, Apt. #, Etc.

City

WINTER PARK

State

FL

Zip Code

32789

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

Ralph G. Fontana

REGISTERED AGENT MUST SIGN

Date

10/1/03

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/H/S	RALPH G. FONTANA	1320 DEVON RD	WINTER PARK, FL 32789

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:

Ralph G. Fontana

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/1/03

Date

321-279-5246

Daytime Phone #

CR2E081 (10/02)

2/10/14

Florida Department of State
Secretary of State
Division of Corporations

RE: Reinstatement Waiver

To Who It May Concern:

I am applying for reinstatement of Key West Airlines, and requesting a waiver of the reinstatement fee. ^{Int. P.}

I did not receive the renewal notice, and have changed our address.

I have attached the Reinstatement Form, along with the fee's required if my waiver is accepted.

Thank you for your help in this matter.

Very truly yours,

A handwritten signature in cursive script, appearing to read "Ralph G. Fontana".

Ralph G. Fontana
President, Key West Airlines, Inc.