

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 30 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000121031

1. Corporation Name

FLIGHTLINE OF SANFORD, INC.

Principal Place of Business

Mailing Address

125 MONROE ROAD
SANFORD FL 32771

125 MONROE ROAD
SANFORD FL 32771

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

12/24/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

01-0554627

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PRES.	ANNE S. SMITH	125 MONROE ROAD	SANFORD, FL 32771

3000008710923
10/30/02--01116--018 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SMITH, ANNE S
13334 POLO RD #245
WELLINGTON FL

Name

ANNE-S. SMITH

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

11104 PLANTATION LAKES CIRCLE

Suite, Apt. #, Etc.

City

SANFORD

State

FL

Zip Code

32771

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. 28, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT. 28, 2002 4073307655

Date

Daytime Phone #

CR2E040 (8/02)

FLIGHTLINE HOBBIES OF SANFORD FL. INC.

125 Monroe Rd (CR 15) Sanford, FL 32771-9507
Phone: 407-330-7655~Fax 407-330-7581

October 28, 2002

Florida Dept. of State
Division of Corporations
Tallahassee, FL 32314

Secretary of State
Mr. Jim Smith

Dear Sir:

This letter is to say I received no notice
of the Corporation FLIGHTLINE OF SANFORD, INC. to be
current and active.

I am returning the form to reactivate
this corporation with a check for \$150.⁰⁰.

Thank you.

Yours Truly,
Anne Smith