

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 23 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000059018

1. Corporation Name

DAVE'S SOUTHERN FLIGHT, INC.

2. Principal Office Address

312 LINCOLN AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

312 LINCOLN AVENUE

Suite, Apt. #, etc.

City & State

NEW SMYRNA BEACH FL

City & State

NEW SMYRNA BEACH FL

Zip

32169-2538

Country

USA

Zip

32169-2538

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida.

05-29-2002

5. FEI Number

01-0700164

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

DAVID R ACHESON

600024055736

10/23/03--01079--021 \*\*150.00

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

312 LINCOLN AVENUE

Suite, Apt. #, Etc.

City

NEW SMYRNA BEACH

State

FL

Zip Code

32169-2538

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

REGISTERED AGENT MUST SIGN

Date

10-18-03

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
PSTD	DAVID R ACHESON	312 LINCOLN AVE	NEW SMYRNA BCH FL 32169

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:

DAVID R ACHESON

10-18-03

407-701-8351

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

21 10/25

DAVE'S SOUTHERN FLIGHT, INC.  
312 Lincoln Avenue  
New Smyrna Beach, FL 32169-2538  
(407) 701-8351

October 18, 2003

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

RE: Corporation Reinstatement - Request for waiver of Penalty

Madam Secretary:

I am requesting waiver of the \$600.00 penalty portion of the reinstatement fee for Dave's Southern Flight, Inc. for failure to file the Uniform Business Report by May 1, 2003. Because of my address change, I did not receive the UBR report for filing.

I have enclosed my check in the amount of \$150.00 and the *Corporation Reinstatement* form, with the proper information completed.

Thank you for your attention in this matter.

Sincerely,



David R Acheson  
President & Registered Agent  
Dave's Southern Flight, Inc.

Enclosure(s) 2