

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 OCT 17 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000111986**

1. Corporation Name

ITAERO, INC.

Principal Place of Business

3665 EAST BAY DRIVE #204
SUITE 142
LARGO FL 33771

Mailing Address

3665 EAST BAY DRIVE #204
SUITE 142
LARGO FL 33771

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/17/2002

5. FEI Number

☒ 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
P	POLDEN, VINCE	3665 EAST BAY DRIVE #204, SUITE	LARGO FL 33771

8. Name and Address of Current Registered Agent

WINEBRENNER, JACK M
3773 CENTRAL AVENUE
ST PETERSBURG FL 33713

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

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

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:

Vince Polden
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-17-03

Date

727-420-6029

Daytime Phone #

CR2E040 (7/03)



**ITAERO INC
AIRCRAFT SALES**

**3665 East Bay Dr #204 Ste. 142
Largo Fl. 33771
727-420-6029**

10-13-03

To the attention of the State of Florida's Department of State:

I, Vincent I Polden, President of ITAERO Inc, a newly formed company as of the
beginning of 03, would like to respond accordingly to the letter of:
"Certification of Dissolution or Revocation"

I have to this day of October the 14th of 2003, never received any information or Notices
regarding this Documents to up date the states records.

I would like to have the stated additional Revocation charges WAVED due to the fact
that I not only, did NOT receive any such requests but also due to the fact that this is a
New Company, less than a year old!

This company has NOT moved or changed personnel up to this point.

I am the only person who receives the mail for my company and would be the only
person to be able to respond accordingly to this information.

I have not received anything and request this to be adjusted!!!

Please find enclosed my check for \$150.00 for the fees required.

If you have any questions, Please contact me at this address.

Thank you in advance.


Vincent Polden

President
ITAERO INC.
3665 East bay dr. St 204
bldg 142
Largo Fl. 33771
727-420-6029