

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 NOV 23 PM 4:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P03000046518**

1. Corporation Name

Orchid Island Aviation, Inc.

2. Principal Office Address - No P.O. Box #

3200 Airport West Drive

Suite, Apt. #, etc

City & State

Vero Beach, Florida

Zip

32960

Country

USA

3. Mailing Office Address

3200 Airport West Drive

Suite, Apt. #, etc

City & State

Vero Beach, Florida

Zip

32960

Country

USA

**REINSTATEMENT**

03-10

CR28081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida 4/25/2003

5. FEI Number  
30-0169940

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

Rick Shoemaker

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

3200 Airport West Drive

Suite, Apt. #, Etc

City

Vero Beach

State

FL

Zip Code

32960

800188049408  
11/23/10--01005--010 \*\*1800.00

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

Date 11-15-10

REGISTERED AGENT MUST SIGN

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
PD	Hanns A. Pielenz	740 Manatee Cove	Vero Beach, FL 32960
STD	Nancy K. Thomason	3200 Airport West Drive	Vero Beach, FL 32960
V	Rick Shoemaker	3200 Airport West Drive	Vero Beach, FL 32960
V	Peter Palus	3200 Airport West Drive	Vero Beach, FL 32960

10. E-mail Address: nthomason@hapinvest.com

(To be used for future annual report notification)

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. I further certify, 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:

11-15-10

770-396-6390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/23/10