

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAY 27 AM 8:15

DOCUMENT # P06000100886

1. Corporation Name

H&H Aviation, Inc.

WI-25197

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

53 Arlington Rd N.

Suite, Apt. #, etc.

3. Mailing Office Address

53 Arlington Rd N.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32211

Country

USA

City & State

Jacksonville, FL

Zip

32211

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/2/2006

5. FEI Number

30-0380170

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

Ludwig & Assoc. PA.

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

5150 Belfort Rd. S. #500

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32256

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed,
except in circumstances which the entity did
not receive the prior notices. By checking
this box, you are certifying the prior
notices were not received and requesting
the reinstatement fee be waived.

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

[Signature]

Date 5-24-10

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
PST	Lyman E Haskell	53 Arlington Rd N.	Jacksonville, FL 32211

10. E-mail Address: jill@haskellmarine.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: X

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/10

Date

Daytime Phone #

KS

200181206652

05/21/10 01039015 \$450.00
CR2E081 (4/10)