

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PO6000150039**

1. Corporation Name

Ultimate Aircraft Management Inc

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

7629 Doubleton Dr

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33446

Country

USA

3. Mailing Office Address

7629 Doubleton Dr

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33446

Country

USA

7. Name and Address of Current Registered Agent

Name

Katherine C Schwikert

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

7629 Doubleton Dr

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33446

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

KCS

REGISTERED AGENT MUST SIGN

Date **04/27/2010**

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
P	Katherine C Schwikert	7629 Doubleton Dr	Delray Bch, FL 33446
VP	Katherine C Schwikert	7629 Doubleton Dr	Delray Bch, FL 33446
TREA	Katherine C Schwikert	7629 Doubleton Dr	Delray Bch, FL 33446
SECT	Katherine C Schwikert	7629 Doubleton Dr	Delray Bch, FL 33446

CC 5/5

10. E-mail Address: **ultimateaircraftmgmt@hotmail.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:

KCS

Katherine C Schwikert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2010

Date

Daytime Phone #

(561)

254 9648

FILED

10 APR 30 PM 3 28

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

REINSTATEMENT 07-10

**600179471976
04/30/10--01057--018 **600.00**

CR2E081 (4/10)

4. Date Incorporated or Qualified
To Do Business in Florida

12/05/2006

5. FEI Number

11-3796728

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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.