

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

14 APR 22 AM 10:50

**DOCUMENT #** P08000042797

1. Corporation Name

Starwood Aviation, Inc.

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

4423 Bay Shore Road

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34234

Country

USA

3. Mailing Office Address

22001 Butterwood Road

Suite, Apt. #, etc.

City & State

North Dinwiddie, VA

Zip

23803

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

2008

5. FEI Number

26-2860876

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED  
Florida

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporate Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

300259335963  
04/22/14--01028--006 \*\*1500.00

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

*Sharon Eustice, Asst. Sec.*

Date

4/3/14

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
Pres	Jonnie Ray Williams	4401 Bay Shore Road	Sarasota, FL 34234
Sec	Jerri M. Fulkerson	22001 Butterwood Road	North Dinwiddie, VA 23803

10. E-mail Address: jerri.fulkerson@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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

**SIGNATURE:**

SIGNATURE AND FULL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/2014

804-895-3628

Date

Daytime Phone #

29 11/11/14