

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1997 APR -7 PM 4: 29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 017376

1. Corporation Name

EVERGREEN AVIATION GROUND LOGISTICS  
ENTERPRISES, INC.

Mailing Address

Principal Place of Business

3850 THREE MILE LANE  
MCMINNVILLE, OR 97128-9496

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

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

93-0876736

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	BRIAN BAUER	3850 THREE MILE LANE	MCMINNVILLE, OR 97128
V	MIKE SPENCER	3850 THREE MILE LANE	MCMINNVILLE, OR 97128
V	TOM WHEELING	3850 THREE MILE LANE	MCMINNVILLE, OR 97128
V	LIANE KELLY	3850 THREE MILE LANE	MCMINNVILLE, OR 97128

REINSTATEMENT

40-97  
7/16/97  
4/1/97

8. Name and Address of Current Registered Agent

SEE ATTACHED

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

300002137053-8

-04/08/97--01140-007

\*\*\*1706.25 \*\*\*1706.25

State

Zip Code

FL

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.

Signature of  
Registered Agent

See Attached for Signature  
REGISTERED AGENT MUST SIGN

Date

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(M.R. SPENCER)

Date

Daytime Phone #

4/4/97 (503) 434 5504

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**FLORIDA**

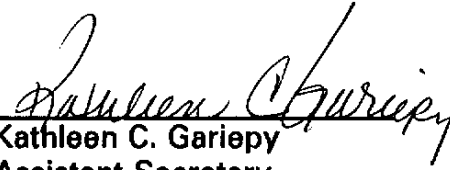
**CONSENT TO SERVE AS REGISTERED AGENT**

**CT CORPORATION SYSTEM** having been designated to act as registered agent  
hereby agrees to act in this capacity for the following corporation:

**EVERGREEN AVIATION GROUND LOGISTICS ENTERPRISE, INC.**

**C T CORPORATION SYSTEM**

**Date: March 2, 1997**

  
**Kathleen C. Gariepy**  
**Assistant Secretary**