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APPLICATION FOR REINSTATEMENT 1996

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE ABOVE THIS LINE

APPROVED AND FILED
96 NOV -8 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: *Department of State*

Name and Mailing Address of Corporation: DOCUMENT # P93000062756

KELLY AIRCRAFT INC
18090 Collins Ave
Suite 101
No. Miami Beach, FL. 33160-1913

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State

Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: JANUARY 13 1993

4. FEI Number: 65-0587433

FEI Number Applied For ☐

FEI Number Not Applicable ☐

5. CERTIFICATE OF STATUS DESIRED ☐

Names and Street Addresses of Each Officer and/or Director

Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
PST	KELLY RAYMOND H.	18090 COLLINS AVE SUITE 101 NO MIAMI BEACH, FL 33160-1913	

600002004316--6
-11/14/96--01033--023
****375.00 ****375.00

REINSTATEMENT

11-8-96

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

Kelly Raymond H.
18090 Collins Ave
Suite 101
No. Miami Beach, FL. 33160-1913

8. Name and Address of New Registered Agent and/or Office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State: FL. Zip

9. 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 X _____ Date 11-5-96
REGISTERED AGENT MUST SIGN

10. 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.)

11. 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.)

12. I certify that I am an officer or director of 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 of Officer or Director X _____ Date 11-5-96 Daytime Phone # (305) 444-2423

Typed or printed name of signing officer or director _____

CR2E040 (8-92)