

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

99-2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JAN 25 PM 4: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA3000008092

1. Corporation Name

SOUTHERN PRIDE AVIATION, INC.

2. Principal Office Address

401 Northlake Blvd.

Suite, Apt. #, etc.

City & State

North Palm Beach FL

Zip 33408

Country

USA

3. Mailing Office Address

401 Northlake Blvd.

Suite, Apt. #, etc.

City & State

North Palm Beach, FL

Zip

33408

Country

USA

REINSTATEMENT

99-2000

4. Date Incorporated or Qualified
To Do Business in Florida

02-09-93

5. FEI Number

65-0400066

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

John C. Byers

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

401 Northlake Blvd.

Suite, Apt. #, Etc.

City

North Palm Beach

State

FL

Zip Code

33408

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]

REGISTERED AGENT MUST SIGN

Date 01-24-00

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
<u>D</u>	<u>John C Byers</u>	<u>401 Northlake Blvd</u> 401 Northlake Blvd	<u>North Palm Beach</u> <u>FL 33408</u>

10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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] John C Byers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01-24-00

Daytime Phone #

561-840-2075

CR2E081 (9/99)