

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham,
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

1997 FEB 14 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300002090743--9

-02/18/97--01082--011

****165.00 ****165.00

300002090743--9

-02/18/97--01082--012

****575.00 ****575.00

95-96

DOCUMENT # P3000021339

1. Corporation Name

Wings Over Florida, Inc.

Principal Place of Business

760 Broadway
Longboat Key FL 34228

Mailing Address

Same

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

March 23, 1993

5. FEI Number

65-0411543

Applied For

Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Nicholas V. Easterling	760 Broadway	Longboat Key FL 34228
S/T	Sharon H. McLauchlin	760 Broadway	Longboat Key FL 34228
D	Christopher P. B. Horsley	760 Broadway	Longboat Key FL 34228

REINSTATEMENT

8. Name and Address of Current Registered Agent

Nicholas V Easterling
760 Broadway
Longboat Key, FL 34228

9. Name and Address of New Registered Agent

Name

Sharon H. McLauchlin

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

760 Broadway

Suite, Apt. #, Etc.

City

Longboat Key

State

FL

Zip Code

34228

10. By 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

Sharon H. McLauchlin

REGISTERED AGENT MUST SIGN

Date

2/10/97

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 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

8/8/96

941/383-0511

CR20040 (12/95)