

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # PA3000084912

1. Corporation Name

First Flight Incorporated

Principal Place of Business

**2633 Campbell Road
Sidney, OH 45365**

Mailing Address

**P O Box 4489
Sidney, OH 45365**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office 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

12/13/1993

5. FEI Number

58-2101683

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	Holloway, Randy	2633 Campbell Road	Sidney, OH 45865
S/T/D	Leasure, Roy	2633 Campbell Road	Sidney, OH 45865
AS/D	Stethem, James H	655 Eden Park Dr-Ste 550	Cincinnati, OH 45202

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**CT Corporation
1200 S Pine Island Road
Plantation, FL 33324**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Susan J. Metz

REGISTERED AGENT MUST SIGN

**Susan J. Metz
Assistant Secretary**

Date

5/13/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See other side for information on intangible tax.)

12. 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:

Roy E. Leasure

Roy E. Leasure 5-12-98 (937) 497-7575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

98 MAY 19 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 97-98

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