

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED
93 MAY 19 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

994000000496

1. Corporation Name

Aviation Advisors of Sarasota, Inc.

Principal Place of Business

Mailing Address

1224 Clyde Jones Road
Sarasota, FL 34243

P. O. Box 86
Tallevast, FL 34270

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

1/3/94

5. FEI Number

65-0457628

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)

1 Title(s)	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 / State / Zip
Pres.	Robert Shepard	724 Tropical Circle	Sarasota, FL 34242
V.P.	Robert Dolby	5053 Ocean Blvd. #74	Sarasota, FL 34242
Secy.	Robert Dolby	5053 Ocean Blvd. #74	Sarasota, FL 34242
Treas.	Robert Shepard	724 Tropical Circle	Sarasota, FL 34242
REINSTATEMENT 96-98 SL 5-20-98			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Robert Shepard
724 Tropical Circle
Sarasota, FL 34242

Name

Robert Dolby

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

5053 Ocean Blvd.

Suite, Apt. #, Etc.

#74

City

Sarasota

400002531774--0

-05/21/98--01086--002

***1058-FL ***1058, 75
34242

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

Robert H. Dolby
REGISTERED AGENT MUST SIGN

Date

5/15/98

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert H. Dolby

5/15/98 411-351-5100
Date Daytime Phone #

CR2E040 (1/98)