

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 16 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000011819**

1. Corporation Name

PRE-FLIGHT, INC.

Principal Place of Business

~~XXXX TRADEPORT DRIVE~~
~~ORLANDO FL 32827~~
~~US~~

Mailing Address

P. O. BOX 621284
ORLANDO FL 32862-1284
US

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

8440 Tradeport Drive

Suite, Apt. #, etc.

Suite 102

City & State

Orlando, FL

Zip

32827

Country

U.S.A

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/11/1994

5. FEI Number

59-3226135

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	4 City / State / Zip
DVPT	WHEATON, BILLY J	XXXX TRADEPORT DR 8440 Tradeport Drive	ORLANDO FL
DP	DAUGHERTY-WHEATON, REBECCA L	XXXX TRADEPORT DR 8440 Tradeport Drive	ORLANDO FL
S	WHEATON, BILLY J	XXXX TRADEPORT DR 8440 Tradeport Drive	ORLANDO FL
			100003441771--6 -10/27/00--01021--016 ****750.00 ****750.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

~~HARRIS, MARSHALL S~~
~~255 SOUTH ORANGE AVE.~~
~~ORLANDO FL 32801~~

9. Name and Address of New Registered Agent

Name

Billy J. Wheaton

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

8046 Landgrove Court

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code
32819

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/11/00

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Billy J. Wheaton

Date

10/11/00

Daytime Phone #

(407) 438-6444

Pa: 10/12/2000 CK1746 \$750.00