

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR 27 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000087738

1. Corporation Name

FLYING HIGH, INC.

2. Principal Office Address

9540 BLIND PASS ROAD 3942 15 AVE NO.

Suite, Apt. #, etc.

3. Mailing Office Address

3942 15 AVE NO.

Suite, Apt. #, etc.

City & State

ST. PETE. BCU, FL.

City & State

ST. PETERSBURG, FL.

Zip

33706

Country

U.S.A.

Zip

33713

Country

U.S.A.

REINSTATEMENT

CR2E081 (12/05)

01-06

4. Date Incorporated or Qualified
To Do Business in Florida

1979

5. FEI Number

59-1914064

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

DAVID B. WINKLER

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

3942 15 AVE. NO.

Suite, Apt. #, Etc.

City

ST. PETERSBURG, FL.

State

FL

Zip Code

33713

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

David B. Winkler

Date 3-27-06

REGISTERED AGENT MUST SIGN

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>PRES.</u>	<u>DAVID B. WINKLER</u>	<u>3942 15th AVE. NO</u>	<u>ST. PETERSBURG, FL.</u>
<u>T</u>	<u>DAVID B. WINKLER</u>	<u>"</u>	<u>" 33713</u>
<u>S</u>	<u>DAVID B. WINKLER</u>	<u>"</u>	<u>"</u>
<u>VP</u>	<u>DAVID B. WINKLER</u>	<u>"</u>	<u>"</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 contained in Chapter 119, 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:

David B. Winkler

DAVID B. WINKLER

Date

3-27-06

Daytime Phone #

727-

367-4336

727-367-4336