


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

98 NOV 18 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000009412

1. Corporation Name

ANRON AVIATION, INC.

Principal Place of Business

Mailing Address

3825 NAVY BLVD
PENSACOLA FL 32514
US

3825 NAVY BLVD
PENSACOLA FL 32514
US

REINSTATEMENT

98

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/03/1995	
City & State		City & State		5. FEI Number	
Zip		Country		59-3336939	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
DP	CATON, RONALD C	3577 GEEKER ST. 4042 MALTES	PENSACOLA FL 32514 32506
DST	CATON, MARTHA ANN	3577 GEEKER ST.	PENSACOLA FL 32514
DV	CATON, LYNN ALLEN	3577 GEEKER ST. 4042 MALTES	PENSACOLA FL 32514 32506

400002596764--2
-11/25/98--01063--004
***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

Name Ronald C. CATON
Street Address (P.O. Box Number is Not Acceptable)
4042 MALTES AVE
Suite, Apt. #, Etc.

City PENSACOLA State FL Zip Code 32506

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

 REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/16/98

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:

 RE Ronald C. Caton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/16/98

Daytime Phone # 850 457 0002

CR2E040 (9/98)