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
96 NOV 22 AM 9:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000021764

1. Corporation Name

BLUE ANGEL AVIATION, INC.

Principal Place of Business	Mailing Address
~~3599 CREIGHTON ROAD, B-6~~	~~3599 CREIGHTON ROAD, B-6~~
~~PENSACOLA FL 32504~~	~~PENSACOLA FL 32504~~

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

REINSTATEMENT 96 00

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
6706 N. 9th Ave., B-4	6706 N. 9th Ave., B-4
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pensacola, FL	City & State: Pensacola, FL
Zip: 32504 Country	Zip: 32504 Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/15/1995

5. FEI Number: 59-3315416 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
P T	CAESSENS, CLAYTON T	~~3599 CREIGHTON ROAD, B-6~~ 6706 N. 9th Ave., B-4	PENSACOLA FL 32504
D/P/S	Patricia L. Caessens	6706 N. 9th Ave., B-4	Pensacola, FL 32504

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****375.00 ****375.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
RAY, KIEVIT & KELLY, P.A. 15 WEST MAIN STREET PENSACOLA FL 32501	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City: State: FL Zip Code

CR2E040 (7/96)

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: Ray, Kievit & Kelly, P.A. BY: Robert W. Kievit SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN
Robert W. Kievit, President

Date 10/24/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: Clayton T. Caessens SIGNATURE REQUIRED 11/12/96 904-478-7132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000171 AP