

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P95000028332

1. Corporation Name

FUNFLIGHT MIAMI, INC.

FILED

97 MAR 24 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3401 Rickenbacker Cswy.
Key Biscayne FL 33149

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

REINSTATEMENT 96-97

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

APRIL 1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0568036

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PRE.	EGERTON A. Anderson	15160 South River Dr.	Miami Fla. 33169
			900002124549-1
			03/26/97-01070-001
			****923.75 ****923.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EGERTON A. Anderson
15160 S. River Dr.
Miami Fla. 33169

Name EGERTON A. Anderson

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

15160 S. River Dr.

Suite, Apt. # Miami

City

State

Zip Code

FL

33169

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

REGISTERED AGENT MUST SIGN

Date

3/19/97

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/97 305.361.3909

Date

Daytime Phone #

CP2E040 (1/96)