

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 # P95000031205

1. Corporation Name

JACOB AVIATION, INC.

Principal Place of Business

100 AIRPORT AVE
VENICE FL 34285

Mailing Address

100 AIRPORT AVE
VENICE FL 34285

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/20/1995

5. FEI Number

65-6170603

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PSTD	JACOB, COY G	321 SUNRISE	NOKOMIS FL 34275
V	HESTER, DOUGLAS DICK, JEFFREY	100 AIRPORT AVE 247 SHAMROCK BLVD	VENICE FL 34293

300002982893--3
-09/09/99--01076--003
*****900.00 *****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~COLTON, JOHN A~~
~~BURGESS, HARRELL, MANCOSO & OLSON, P.A.~~
~~1776 RINGLING BLVD~~
~~SARASOTA FL 34236~~

Name
KEYES, GERALD E

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

333 W MIAMI AVE

Suite, Apt. #, Etc.

City
VENICE

State
FL

Zip Code
34285

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] CPA
REGISTERED AGENT MUST SIGN

Date 8/16/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] COY G. JACOB 8/30/99 941-484-0801
KE



REINSTATEMENT

4899

CPZC040 (9/98)