## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FLED

96 NOV 21 PH 1:30

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## **DOCUMENT#**

# P95000059560

1. Corporation Name

WINDWARD AVIATION, INC.

_		
Principal	Place of F	usinass

Malling Address

10822 RAVEL COURT BOCA RATON FL 33498			10822 RAVEL COURT BOCA RATON FL 33488						
						REINS	TATEMENT OU		
If above addresses are incorrect in any way, line through incorrect information and enter corre  2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable							porated or Qualified		
						To Do Bus	To Do Busineas in Florida 07/3 1/1995		
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			5. FEI Number Applied For			
City & Stat	City & State		City & State	City & State			5 - OS99 SS6 Not Applicable		
Zip Country		Zip	Country		CERTIFICATE OF STATUS DESIRED				
7. Names	and Street Add	resses of Each Officer ar	nd/or Director (Flo	orida nonprofit c			三、公司、首任中央国家中国中国的		
Title(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Nur		ector	City / State / Zip			
Pres	Prus Brian L'Esthange		e	10922 Rowel Court		7	BOCA RATION, FL 33498		
					61	000020136267			
							****375.00 ****375.00		
						e e			
			-			20	JB11-22-910		
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent					
L'ESTRANGE, BRIAN 10022 RAVEL COURT BOCA RATON FL 33408			Name Street Addre	ss (P.O. Box Numbe	r is Not Acceptable)				
				Sulte, Apt. #, Etc.					
					City		State Zip Code		
		registered agent of the a	bove named corp	oration, am fam	illiar with and accept the	he obligations of Sec	tion 607.0505, F.S.		
Signature of Registered	of J Agent X	7.ZIVE	HO HOYERED AG	ENT MUST SI	<u> QUIHEL</u>	<u>)</u>	Date Sout SC		
11. Do	oes this cept. of Re	orporation pay	any intang 3. 199.032,	gible tax t	to the Statutes. Yo	es 🛛 No 🗀	(See other side for information on infamplible tax.)		
12. I certify this reli owed b	y that I am an of instatement appl by the corporation	ficer or director or the re- lication, the reason for di	colver or trustee en ssolution has been ne names of individ	mpowered to ex n eliminated, the duals listed on t	xecule this application a corporate name satis this form do not qualify	as provided for in ch sfles the requirement y for an exemption up	upter 607 or 617; F.S.; I further cartify that when filling a of section 607.0401 or 617.0401, F.S.; that all feee inder section 119.07(3)(i), F.S. The information indicated		

O OFFICER OR DIRECTOR ELECTRICAL TOTAL SECTION OF THE PROPERTY OF THE PROPERTY