

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

00 JUN -5 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000085476**

1. Corporation Name

**BIZJET OF STUART, INC.**

2. Principal Office Address

**1172 S.W. Pelican Cr.**

Suite, Apt. #, etc.

3. Mailing Office Address

**P.O. Box 792**

Suite, Apt. #, etc.

City & State

**Palm City Florida**

City & State

**Stuart Florida**

Zip

**34990**

Country

**U.S.**

Zip

**34995**

Country

**U.S.**

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/7/95**

5. FEI Number

**APPLIED FOR**

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**DAN E. CAPEN**

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

**1172 S.W. Pelican Crescent**

Suite, Apt. #, Etc.

**EA**

City

**Palm City, FL**

State  
**FL**

Zip Code

**34990**

**600003342666-3**

**-08/01/00--01087--003**

**\*\*\*1200.00 \*\*\*1200.00**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

**[Signature]**

REGISTERED AGENT MUST SIGN

Date **5/2/00**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	CAPEN, DANIEL E.	P.O. Box 792	Stuart FL 34995
VD	CAPEN, Douglas R.	P.O. Box 792	Stuart FL 34995
STD	CAPEN, JEFFREY A.	P.O. Box 792	Stuart FL 34995

**REINSTATEMENT 97-0011 TS**

10. 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]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **5/2/00**

Daytime Phone # **561-283-3734**

CR2E081 (9/99)