CONNECTION 850 222 1222 12/04 '98 14:41 NO.172 02/02

...ATION FOR REINSTATEMENT

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

FILED
98 DEC -9 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000020797

1. Corporation Name Wind Flight Parasail Inc.
D/B/A · ALL · AQUA · ADVENTURES ·

Principal Place of Business	Mailing Address
1996 O/S #MY. Marathon, FL 33050	960 95th St Marathon, FL 33050

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

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-12/11/98--01002--010
****150.00 ****150.00

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
1996 O/S HWY	
Suite, Apt. #, etc. #	Suite, Apt. #, etc.
City & State Marathon FL	City & State
Zip 33050 Country USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida Feb 1996

5. FEI Number 65-0645-850 | Applie | Not Ap

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee for a Certificate of

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
President	Shawn D Johnson	960 95th St.	Marathon FL 33050
Vice President Manager	Sonya L Johnson	960 95th St	Marathon FL 33050

8. Name and Address of Current Registered Agent

SONYA L. Johnson
960 95th St
Marathon FL
33050

9. Name and Address of New Registered Agent

Name NONE
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State FL Zip Code

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 Sonya L Johnson Date 11/7/98
REGISTERED AGENT MUST SIGN

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: Sonya L Johnson 12/7/98 (305) 743-6628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CC