

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR REINSTATEMENT



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

DOCUMENT # P96000030002

1. Corporation Name

Combined Airways, Inc.

Principal Place of Business

Mailing Address

~~Two Red Cleveland Blvd. Ste 207~~

Sanford, FL 32773 US

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

2. New Principal Office Address, If Applicable

2747 Carrier Avenue

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

City & State

Sanford, FL

City & State

Zip

32773

Country

US

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 4/5/96

5. FEI Number

59-3117860

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
P,D	Harreiter, Richard	Airline Management Holdings Ltd. 116 Lumley Road	Horley, Surrey Grawley, West-Sussex, U.K.
D.	Howe, Christina I.	7000 SW 113th Terrace	Miami, FL 33156
VP	Oser, Wanda	2747 Carrier Avenue Ste B	Sanford, FL 32773
S,T,D	Broadley, Geraldine B.	116 Lumley Road	Horley, Surrey U.K.
			400002777514--3 -02/17/99--01016--001 ****900.00 900.00

8. Name and Address of Current Registered Agent

Christina I. Howe
7000 SW 113th Terrace
Miami, FL 33156

9. Name and Address of New Registered Agent

Name
CorpDirect Agents
Street Address (P.O. Box Number is Not Acceptable)
103 N. Meridian Street
Suite, Apt. #, Etc.
Lower Level
City
Tallahassee
State
FL
Zip Code
32301

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

Cynthia A. Hicks
Cynthia A. Hicks

REGISTERED AGENT MUST SIGN

as agent for CorpDirect
Agents

Date 2-15-99

11. This corporation owes 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:

Wanda Oser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Wanda Oser, Vice President

9 Feb 1999
Date

Daytime Phone #

REINSTATEMENT

FILED

99 FEB 16 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 99 108
2/16/99

CR2E081 (12/98)