

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 # 96000072540

1. Corporation Name

Clyde Air, Inc.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

c/o Kirkpatrick & Lockhart LLP
201 S. Biscayne Blvd., 20th Floor
Miami, FL 33131

same

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

2. New Principal Office Address, If Applicable

1427 PONCE DE LEON DR

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1427 PONCE DE LEON DR

Suite, Apt. #, etc.

4. Date incorporated or Qualified
To Do Business in Florida

8/23/96

5. FEI Number

65-0697919

Applied For

Not Applicable

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

Zip
33316

Country
USA

Zip
33316

Country
USA

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
D/P	Thomas M. Tworoger	1427 PONCE DE LEON DR	Ft. Lauderdale, FL 33316

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8. Name and Address of Current Registered Agent

Robert C. White, Jr.
Kirkpatrick & Lockhart LLP
201 S. Biscayne Blvd.
20th FL
Miami, FL 33131

9. Name and Address of New Registered Agent

Name

Thomas M. Tworoger

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

1427 PONCE DE LEON DRIVE

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33316

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

REGISTERED AGENT MUST SIGN

Thomas M. Tworoger

Date 7-12-99

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)(g), 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

7-12-99 (954) 764-5937
Date Daytime Phone #