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 # P	9600009632	C
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1. Corporation Name

CLEARWATER JET CENTER, INC.

Principal Place of Business

Malling Address

16207 FAIDCHII D. DO. HANGED A

15707 FAIRCHILD OR HANGER A

10/31/97

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Con Hand Date ()

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SECRETARY OF STATE TALLAHASSEE FLORIDA

CLEARWATER FL 34	522	CLEARWATER	R FL 34622		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	IIIII III III III III III III III III	***
If above addresses are incorrect in any way, line through in 2. New Principal Office Address, if Applicable 3.			3. New Mailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 11/20/1996		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Numb		1/20/ 1990 Applied For	
City & State		City & State		CA 211/2020		Not Applicable	
Zip	Country	Zip		Country	6. CERTIFICA	TE OF STATUS DESIRED 🔲 🧚	.75 Additional Fee required for a Certificate of Status
. Names and Stree	L at Addresses of Each Officer ε	and/or Director (Flo	rida nonpro	ofit corporations must list at le	east 3 directors)		
Title(s)	Name of Officers and/or Directors		3 (1	Street Address of Eac Officer and/or Directo Do NO1 Use Post Office Box	ch or Numbers)	City / S	tate / Zip
ident	Albert G. Sei	ther, Jr	301	22nd Street		Belleair Be	ach, FL 3378
resident	Christopher	K. Dosch	r 28	2 North Stree	et	Ozona, FL	34660
resident						Clearwater,	
easurer				200111	X1.110D		
		According to the second			Ę.	5 11 11 23 4 4 -11/12/97	17357 01079010 1. ****750-00
8.	Name and Address of Curre	ent Registered Age	ont	Name	9. Name and	Address of New Hegisteleu	Agent
SEITHER, ALB	ert g jr. IILD dr., hanger 4	ν.		Street Address	(P.O. Box Number	er is Not Acceptable)	
		Suite, Apt. #, Et	ite, Apt. ₩, Etc.				
	^			City		FL	e Zip Code
- · · ·	ed the logistered agent of the	above named corpo	oration, am	familiar with and accept the	obligations of Se	ction 607.0505, F.S.	
Signature of Regisk fed Agent	1700m	M GISTERED AG	SUM IN I	1 SIGN		Date	? ?
	poration owes or le Personal Prop] No 🏻		de for Information ngible tax.)
12. I certify that I am this reinstatemen owed by the con	an officer or director or the reason for d	eceiver or trustee er lissolution has been the names of individ	npowered t eliminated luals listed	to execute this application as i, the corporate name satisfie on this form do not qualify fo	provided for In casthe requirements on exemption to	hapter 607 or 617, F.S. I further als of section 607.0401 or 617.0 under section 119.07(3)(i), F.S.	r certify that when filing