

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

• APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000031822

1. Corporation Name

FLORIDA AIRCRAFT EXCHANGE, INC.

Principal Place of Business

1040 AQUAMARINE DR
GULF BREEZE FL 32561

Mailing Address

1040 AQUAMARINE DR
GULF BREEZE FL 32561

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/07/1997

5. FEI Number

59-3442273

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	KING, THOMAS D	1040 AQUAMARINE DR	GULF BREEZE FL 32561

100004746811--0
-01/02/02--01041--006
***758.75 ***758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Thomas D. King
Street Address (P.O. Box Number is Not Acceptable)
1040 AQUAMARINE DR.
Suite, Apt. #, Etc.

City

Gulf Breeze

State

FL

Zip Code

32563

PENTON, JOHN S JR
PENTON, WHEELER & SPRING, L.L.C.
228 SOUTH PALAFOX PL., SUITE 106
PENSACOLA FL 32501

Moved to
MIAMI FL.

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

Thomas D. King
REGISTERED AGENT MUST SIGN

Date 12-6-01

11. 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:

Thomas D. King
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-6-01

Daytime Phone #

850-432-9050

CR2E040 (8/01)