

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 16 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000038433

1. Corporation Name

CHIEFTAIN AVIATION CORP.

W04-8824

Principal Place of Business

~~3240 CAPITAL CIRCLE SW
TALLAHASSEE FL 32310~~

Mailing Address

3240 CAPITAL CIRCLE SW
TALLAHASSEE FL 32310



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

2. New Principal Office Address, If Applicable

~~PO Box 15094~~

Suite, Apt. #, etc.

Tallahassee

City & State

FLORIDA

Zip

32317

Country

USA

3. New Mailing Office Address, If Applicable

~~PO Box 15094~~

Suite, Apt. #, etc.

Tallahassee

City & State

FLORIDA

Zip

32317

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/30/1997

5. FEI Number

59-6555751

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
D	ROSEN, PETER S	3240 CAPITAL CIRCLE SW	TALLAHASSEE FL 32310
P	ROSEN, PETER S	423 All Saints St.	Tallahassee FL 32301

8. Name and Address of Current Registered Agent

CURASI, JAMES B

3240 CAPITAL CIRCLE SW

TALLAHASSEE FL 32310

9. Name and Address of New Registered Agent

Name

Rosen, Peter S.

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

423 All Saints Street

Suite, Apt. #, Etc.

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
PETER S ROSEN

REGISTERED AGENT MUST SIGN

Date

2/27/04

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:

SIGNATURE REQUIRED
PETER S ROSEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/27/04 850-222-3334