

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 MAY -5 PM 3:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P970000069190

1. Corporation Name

DA VINCI AIR, INC.

2. Principal Office Address

4808 South Tamiami Trail

3. Mailing Office Address

4808 South Tamiami Trail

Suite, Apt. #, etc.

#121

Suite, Apt. #, etc.

#121

City & State

Sarasota, Florida

City & State

Sarasota, Florida

Zip

34231

Country

U.S.A.

Zip

34231

Country

U.S.A.

**REINSTATEMENT**

98-00

4. Date Incorporated or Qualified

To Do Business in Florida August 11, 1997

5. FEI Number

65-0773593

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Clifford M. King, P.A.

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

2033 Main Street, Suite 303

Suite, Apt. #, Etc.

Suite 303

City

Sarasota

State

FL

Zip Code

34237

900003280439-6  
06/07/00-01094-013  
\*\*\*1050.00 \*\*\*1050.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 5-4-00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P/V/ S/T	Vincent Kaufmann	4808 South Tamiami Trail #121	Sarasota, FL 34231

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-4-00