

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra E. Martin

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 DEC -8 PM 5:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000080475

1. Corporation Name

AIRCRAFTERS, INC.

Principal Place of Business

Mailing Address

1013 SOUTH MILLS AVENUE  
ORLANDO FL 32806

1013 SOUTH MILLS AVENUE  
ORLANDO FL 32806

6003 ANNO AVE  
ORLANDO, FL 32809

6003 ANNO AVE  
ORLANDO, FL 32809

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  
ORLANDO, FL

Zip  
32809

Country  
U.S.

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State  
ORLANDO, FL

Zip  
32809

Country  
U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

09/17/1997

5. FEI Number

59-3468838

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	JONES, GARY R	1013 SOUTH MILLS AVENUE	ORLANDO FL 32806

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JONES, GARY R  
1013 SOUTH MILLS AVENUE  
ORLANDO FL 32806

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*GARY JONES*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 12/03/98

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)(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:

*Gary Jones*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/03/98

CR2ED40 (8/95)

AVIATION



SERVICES

**AIRCRAFTERS**

6003 ANNO AVENUE ORLANDO FLORIDA 32809 T 407 438 5188 F 407 438 0502

DEC, 03, 1998

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Department of State  
Division of Corporations  
P.O. box 6327  
Tallahassee, FL 32314

Recently we have received an Administrative Dissolution or Revocation Notice. We called and spoke to some one explaining that we never received the original notice of corporation fee. This being our first year in business we were not aware of this.

The person we spoke to she asked us to write a letter stating exactly what happened and a remit a check of \$150.00. To request reinstatement of our corporation status. If you could take care of this matter we will greatly appreciate it.

Sincerely,

*Gary Jones*

Gary Jones  
President