

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Granda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

03 OCT 23 AM 9:24

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000107695**

1. Corporation Name

**FLORIDA AIR REPS, INC.**

Principal Place of Business

Mailing Address

1543 LAKELAND HILL BLVD  
 LAKELAND FL 33805

1543 LAKELAND HILL BLVD  
 LAKELAND FL 33805

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/22/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

NOT APPLICABLE

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	JACKSON, GARY	1543 LAKELAND HILLS BLVD	LAKELAND FL 33805

200023749972  
 10/13/03--01065--008 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JACKSON, GARY  
 1542 LAKELAND HILLS BLVD  
 LAKELAND FL 33805

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. or 617.0505, F.S.

Signature of Registered Agent

*[Handwritten Signature]*  
 REGISTERED AGENT MUST SIGN

Date

10/10/03

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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]* GARY JACKSON

Date

Daytime Phone #

10/10/03

CR2E040 (7/03)



**Florida Air Reps, Inc.**  
1543 Lakeland Hills Blvd.  
Lakeland, Florida 33805

**Office** 863-682-9778  
**Fax** 863-682-9777

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October 20, 2003

Glenda E. Hood  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314-6327

Re: UBR Report

Glenda,

Florida Air Reps, Inc is requesting fee abatement due to the fact that we did not receive the two prior UBR notices. A penalty check in the amount of \$150.00 was forwarded on October 20, 2003. Thanks for your attention to this matter.

Sincerely,

Gary Jackson  
Florida Air Reps, Inc.