

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000013266

1. Corporation Name

Pensacola Aviation Corporation

2. Principal Office Address - No P.O. Box #

4145 Jerry L. Maygarden Road

3. Mailing Office Address

P.O. Box 92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Montgomery, AL

Zip

32504

Country

USA

Zip

36101

Country

USA

7. Name and Address of Current Registered Agent

Name
Sally Bussell Fox

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

30 South Spring

Suite, Apt. #, Etc.

City
Pensacola

State
FL

Zip Code
32502

REINSTATEMENT 01-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

02/09/1998

5. FEI Number

63-1194383

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Sally Fox

REGISTERED AGENT MUST SIGN

Date **February 22, 2007**

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
Pres	William T. Hudgens	4525 Selma Hwy	Montgomery, AL 36108
VP-Sec	Barbara Benton	4525 Selma Hwy	Montgomery, AL 36108

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04/18/07--01023--010 **1050.00

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 contained in Chapter 119, 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:

William T. Hudgens, Pres. 3/2/07 334 288 7334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2/4/12