

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 12 PM 12:35

DOCUMENT # **P98000022270**

1. Corporation Name

SKYDIVE TANDEM, INC.

Principal Place of Business

Mailing Address

1277 LANGLEY COURT WEST
HEATHROW FL 32746

1277 LANGLEY COURT WEST
HEATHROW FL 32746



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

03/09/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3503410

Applied For

Not Applicable

City & State

City & State

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	TETERS, JAMES A JR.	1277 LANGLEY COURT WEST	HEATHROW FL 32746

400003299604--9
-06/21/00--01094--009
****900.00 ****900.00

6/20

8. Name and Address of Current Registered Agent

PHILLIPS, R. PATRICK ESQ.
200 NORTH THORNTON AVENUE
ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name

James A. Teters, Jr.

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

1277 Langley Court West

Suite, Apt. #, Etc.

City

Heathrow

State

FL

Zip Code

32746

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

3-29-00

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-29-00

Daytime Phone #