PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

PREPARED AND FILED

01 OCT 22 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000058553

1. Corporation Name

ADIRONDACK AIR, INC.

REINSTATEMENT 1999-2001
EP

2. Principal Office Address	**3.** Mailing Office Address
671 NE. 105TH STREET	671 NE. 105TH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI SHORES, FL	City & State: MIAMI SHORES, FL
Zip: 33138 Country: USA	Zip: 33138 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1998

5. FEI Number: X 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

900004670933---1
-11/07/01--01055--013
***1050.00 ***1050.00

Name: STEPHEN HALL, P.A.

Street Address (P.O. Box Number is Not Acceptable): 1520 10TH AVE NORTH

Suite, Apt. #, Etc.: SUITE F

City: LAKE WORTH State: FL Zip Code: 33460

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: _____ REGISTERED AGENT MUST SIGN Date: 10/18/01

CR2E081 (9/00)

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
PRES.	CHRISTOPHER J. HALL	671 N.E. 105TH ST.	MIAMI SHORES FL 33138
V. PRES	FRANCIS R. DEWALD	12716 GRIFFING BLVD.	NORTH MIAMI FL 33161

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: _____ FRANCIS R. DEWALD 10/18/01 305 762-4301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #