PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2021 MAR -5 P 1:12
TALLAHASSEE, FLORIDA

DOCUMENT # P98000058553

1. Corporation Name
Adirondack Air, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
106 Bison Road	106 Bison Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: San Antonio, TX	City & State: San Antonio, TX
Zip: 78232 Country: USA	Zip: 78232 Country: USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 6/29/1998

5. FEI Number: 65-1150600 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

500351434555
03/05/21--01012--006 **35.00

MAR 08 2021
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7. Name and Address of Current Registered Agent

Name: Douglas Gartenlaub, Esq.
Street Address (P.O. Box Number is Not Acceptable): 200 S. Orange Ave.
Suite, Apt. #, Etc.: Suite 800
City: Orlando, FL 32801 State: FL Zip Code: 32801

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: Douglas Gartenlaub Date: 3/4/2021
REGISTERED AGENT MUST SIGN

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
P	Christopher J. Hall	106 Bison Road	San Antonio, TX 78232

10. E-mail Address: cjhall58@hotmail.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Christopher J. Hall 3-5-2021 210-267-1861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 3/5/2021

NAME: ADIRONDACK AIR, INC

TYPE OF FILING: REINSTATEMENT

COST: 3,608.75 - CHECK IS ATTACHED

RETURN: PLAIN COPY AND GOOD STANDING PLEASE

~~ACCOUNT: FCA000000015~~

~~AUTHORIZATION: ABBIE/PAUL HODGE~~

File First