

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 AUG 12 PM 4:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000080793

1. Corporation Name

ISLANDER AVIATION INC.

2. Principal Office Address

132 WETTAU LANE

Suite, Apt. #, etc.

VILLA # 111

City & State

NORTH PALM BEACH, FL.

Zip

33408

Country

USA

3. Mailing Office Address

132 WETTAU LANE

Suite, Apt. #, etc.

VILLA # 111

City & State

NORTH PALM BEACH, FL.

Zip

33408

Country

USA

**REINSTATEMENT** c3-04

4. Date Incorporated or Qualified  
To Do Business in Florida

9-14-1998

5. FEI Number

650876207

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**

Name

ROBERT C. NEVINS III

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

132 WETTAU LANE

Suite, Apt. #, Etc.

VILLA # 111

City

NORTH PALM BEACH

State

FL

Zip Code

33408

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

*Robert C. Nevins III*

REGISTERED AGENT MUST SIGN

Date 8/10/2004

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
PRESIDENT	ROBERT C. NEVINS III	132 WETTAU LANE VILLA # 111 <del>NORTH PALM BEACH</del>	NORTH PALM BEACH FL. 33408

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:

*Robert C. Nevins III*

PRESIDENT

8/10/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

OFFICE/FAX (561) 844-5253

CR2E081 (01/04)

To : Florida Corporation Reinstatement Dept.

August 10, 2004

From : Robert C Nevins III  
132 Wettaw Lane Villa # 111  
North Palm Beach , FL. 33408  
(561) 844-5253

Regarding : Islander Aviation Inc. Reinstatement

To whom it may concern,

I am the owner operator of a small aircraft charter business and in early 2003 was involved in an aircraft accident which left me in the hospital. During this time I was not able to receive any mail from this address as the office was shut down. As a result my corporation was dissolved for not filing the annual report. I am attempting to reopen my business and was told the penalty could be waived and I would owe \$300.00 for year 2003 and 2004. Enclosed please find my check and reinstatement application. Please contact me at the phone number above if you need any additional information.

Sincerely,



Aug - 10 - 2004

Robert C. Nevins III

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