

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
**Reinstatement**



FLORIDA DEPARTMENT OF STATE

DOCUMENT # **P98000095974**

1. Corporation Name

**AMBASSADOR AVIATION, INC.**

Principal Place of Business

Mailing Address

**240 AVIATION DRIVE  
NAPLES FL 34104**

**240 AVIATION DRIVE  
NAPLES FL 34104**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/13/1998**

5. FEI Number

☒ Applied For

☐ Not Applicable

6. **Apply For**  
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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	HILLIARD, WALLACE J	240 AVIATION DRIVE	NAPLES FL 34104
D	DEKKERS, RUDI	240 AVIATION DRIVE	NAPLES FL 34104

**300003071413-0**  
-12/15/99--01076--007  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**WHITE, JOHN P  
5121 CASTELLO DRIVE  
SUITE 2  
NAPLES FL 34103**

Name

**SOMMER JEFFRIES**

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

**240 AVIATION DR N.**

Suite, Apt. #, Etc.

City

**Naples**

State

**FL**

Zip Code

**34104**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0606, F.S.

Signature of  
Registered Agent

*Sommer Jeffries*

REGISTERED AGENT MUST SIGN

Date

**11/23/99**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Rudi Dekkers, PRESIDENT**

Date

**11/23/99**

Daytime Phone #

CR22300 (8/99)