

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN -4 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000095974**

1. Corporation Name

AMBASSADOR AVIATION, INC

2. Principal Office Address

471 VENUS DR.

Suite, Apt. #, etc.

3. Mailing Office Address

200 Aviation DR

Suite, Apt. #, etc.

Suite 1

City & State

GUNO BEACH, FL

City & State

NAPLES, FL

Zip

33408

Country

Zip

34104

Country

Collier

4. Date Incorporated or Qualified
To Do Business in Florida

11/13/98

5. FEI Number

34-1993353

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

Summer Jeffries

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

200 Aviation DR

Suite, Apt. #, Etc.

Suite 1

City

NAPLES

State

FL

Zip Code

34104

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

Summer Jeffries

Date

5/5/04

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
D	DEKKERS, RUDI	200 Aviation DR. Suite 1	NAPLES, FL, 34104

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:

Rudi Dekkers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/5/04

Daytime Phone #

(239) 229-7433

CR25081 (01/04)