

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR  **FLORIDA DEPARTMENT OF STATE**
CRAL
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000099545**

1. Corporation Name

GENERAL AVIATION SECURITY CONSULTANTS INC.

Principal Place of Business

**503 OHIO AVENUE
CRYSTAL BEACH FL 34681**

Mailing Address

**503 OHIO AVENUE
CRYSTAL BEACH FL 34681**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

503 OHIO AVE

Suite, Apt. #, etc.

Crystal Beach, FL.

Florida

Zip 34681 Country Pinellas

3. New Mailing Office Address, If Applicable

P.O. Box 6031

Suite, Apt. #, etc.

Palm Harbor, FL

Zip 34684 Country Pinellas

4. Date Incorporated or Qualified To Do Business in Florida

11/30/1998

5. FEI Number

593548310

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 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	MERCIER, MARIO	503 OHIO AVENUE	CRYSTAL BEACH FL 34681

**600003078326--4
-12/22/99--01081--020
***150.00 ***150.00**

8. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent **Mario E. Mercier**
 REGISTERED AGENT MUST SIGN

Date **12-12-99**

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

MARIO E. MERCIER

Date

12-12-99

Daytime Phone #

888-463-5917

CR2040 (8-99)