

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 21 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000100599

1. Corporation Name

NSA MACAIR, INC.

Principal Place of Business

19455 NW 80TH DRIVE
OKEECHOBEE FL 34972

Mailing Address

19455 NW 80TH DRIVE
OKEECHOBEE FL 34972

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

12/02/1998

5. FEI Number

SSN

Applied For

6.

CERTIFICATE OF STATUS DESIRED

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	TYLER, JAMES N	301 NO. PAROTT AVE. P.O. BOX 319	OKEECHOBEE FL 34973
P	DONALD E. MCGREGOR	19455 NW 80TH DR.	OKEECHOBEE, FL 34972
S.T	JEANITA A. MCGREGOR	19455 NW 80TH DR	OKEECHOBEE, FL 34972

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***150.00 ***150.00

8. Name and Address of Current Registered Agent

TYLER, JAMES N
301 N. PAROTT AVE.
OKEECHOBEE FL 34973

9. Name and Address of New Registered Agent

Name HARRY HORRICK
Street Address (P.O. Box Number is Not Acceptable)
2201 28th ST. - VILLA 72
Suite, Apt. #, Etc.
City OKEECHOBEE
State FL Zip Code 34974

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/21/99

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JEANITA A. MCGREGOR

Date 10/21/99

Daytime Phone # 863-487-4211

KE