


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
DEC 29 PM 2:20  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000016464

1. Corporation Name

MARSHALL-WHYTE AVIATION, INC.

2. Principal Office Address

4646 Sierra View Dr.

Suite, Apt. #, etc.

City & State

Denver, NC.

Zip

28037

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

100062449161  
12/29/05--01002--009 \*\*900.00  
CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida

2/19/1999

5. FEI Number

65-0898151

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

JOHN A. MARGOLIS

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

Suite 330,  
4490 SW 77th Ave

Suite, Apt. #, Etc.

City

MIAMI

FLA

State

FL

Zip Code

33156

REINSTATEMENT

04-05

T. Roberts DEC 29 2005

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

*[Signature]*

Date

12/23/05

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
P/D	Eric Marshall	4646 Sierra View Dr	Denver NC 28037
V/P/D	CHARMAINE MARSHALL	4646 Sierra View Dr	Denver NC 28037

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/23/05

Date

305 595 1911

Daytime Phone #