

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *PAGE 1 of 3*

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 FEB 18 PM 12:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P99000030073*

1. Corporation Name

Shelby Aviation Services, Inc.

000005025340-01002-028

\*\*\*\*458.75 \*\*\*\*458.75

2. Principal Office Address

1022 Adams Avenue

Suite, Apt. #, etc.

#B

City & State

Homestead, Florida

Zip

33034

Country

USA

3. Mailing Office Address

1022 Adams Avenue

Suite, Apt. #, etc.

#B

City & State

Homestead, Florida

Zip

33034

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

March 29, 1999

5. FEI Number

65-0910243

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

James C. Moon

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

1022 Adams Avenue

Suite, Apt. #, Etc.

#B

City

Homestead

State

FL

Zip Code

33034

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

REGISTERED AGENT MUST SIGN

Date *15 Feb 02*

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
Owner	Annamay S. Moon	1022 Adams Avenue	Homestead, Fl. 33034
Pres.	James C. Moon	1022 Adams Avenue	Homestead, Fl. 33034

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)(f), 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:

*James C. Moon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-15-02

Date


(786) 243-0043

Daytime Phone #

Page 2 of 3

**SHELBY  
AVIATION  
SERVICES, INC.**

333 N.E. 8th Street, Suite 201  
Homestead, FL 33030  
Phone 786-243-0043  
Fax 786-243-0044

**To: Tyrone Scott**  
**From: James Moon**   
**Date: February 15, 2002**  
**Re: Reinstatement Fee**

**I am requesting that the reinstatement fees be waived, due to the fact that we did not receive any notices for the year 2000. Enclosed is a check for \$458.75 as requested.**

**Thank you for your assistance during our telephone conversation.**

Feb 18 02 01:56p

SHELBY AVIATION INC.

(786)-243-0044

P. 2

*Page 3 of 3*

**SHELBY  
AVIATION  
SERVICES, INC.**

333 N.E. 8th Street, Suite 201  
Homestead, FL 33030  
Phone 786-243-0043  
Fax 786-243-0044

To: Tyrone Scott

From: James Moon 

Date: February 18, 2002

Re: Change of Address

Please change the physical address of Shelby Aviation Services, Inc. to:

333 N.E. 8<sup>th</sup> Street  
Suite 201  
Homestead, FL 33030

This change is also the mailing address of the company.

Thanks for your prompt attention in assisting us.