

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P99000032438

1. Corporation Name

89 AIRPORT CORP.

Principal Place of Business

505 SOUTH FLAGLER DRIVE, SUITE 1100  
WEST PALM BEACH FL 33401

Mailing Address

505 SOUTH FLAGLER DRIVE, SUITE 1100  
WEST PALM BEACH FL 33401

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

12032 EAST END ROAD  
NORTH PALM BEACH, FL  
33408 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04/02/1999

5. FEI Number

65-0912135

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	LOWREY, JAMES J	505 SOUTH FLAGLER DRIVE, SUITE 1	WEST PALM BEACH FL 33401
VPST	LENEHAN, TRACY LOWREY	505 SOUTH FLAGLER DRIVE, SUITE 1	WEST PALM BEACH FL 33401
D	LENEHAN, TRACY LOWREY	505 SOUTH FLAGLER DRIVE, SUITE 1	WEST PALM BEACH FL 33401
VPD	LOWREY, JESSICA	505 SOUTH FLAGLER DRIVE, SUITE 1	WEST PALM BEACH FL 33401
500004704385--1 -12/04/01--01060--014 ****750.00 ****750.00			

8. Name and Address of Current Registered Agent

ALEXANDER, LARRY B  
505 SOUTH FLAGLER DRIVE, SUITE 1100  
WEST PALM BEACH FL 33401

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

REGISTERED AGENT MUST SIGN

Date

11-14-01

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:

Tracy Lowrey Lenehan VPST

11-14-01

Date

Daytime Phone #