

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 29 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000036493

1. Corporation Name

WHISPER JET AVIATION, INC.

Principal Place of Business

Mailing Address

8600 S.W 144 ST.
MIAMI FL 33158

8600 S.W 144 ST.
MIAMI FL 33158

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

2. New Principal Office Address, If Applicable

2582 S. MAGUIRE RD.

Suite, Apt. #, etc.

~~358~~ #358

City & State

OCOE FL

Zip

34761

Country

USA

3. New Mailing Office Address, If Applicable

2582 S. MAGUIRE RD.

Suite, Apt. #, etc.

~~358~~ #358

City & State

OCOE FL

Zip

34761

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/19/1999

5. FEI Number

NOT APPLICABLE

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ODOM, JAMES E	8600 S.W 144 ST.	MIAMI FL 33158

300024253273

10/29/03--01053--016 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ODOM, JAMES E
8600 S.W 144 ST.
MIAMI FL 33158

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

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

Oct 20 2003 305 803 4280

Date

Daytime Phone #

CR2E040 (7/03)

TO: FLORIDA DEPT. OF STATE

PLEASE BE ADVISED THAT I DID NOT RECIEVE
MY RENEWAL FOR WHISPERJET. I MOVED FROM
THAT ADDRESS OVER 1 YEAR AGO, AND MOVED
FROM MIAMI 2 MONTHS AGO. SOMEONE JUST
SENT THIS TO ME LAST WEEK. I AM SORRY -
I DID NOT RECIEVE THE RENEWAL FORM. YOU
WILL NOW HAVE MY NEW ADDRESS. THANKS FOR
YOUR HELP.

JAMES R. ODOM

A handwritten signature in black ink, appearing to be 'JRO' with a long horizontal stroke extending to the right.