

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 SEP 20 AM 8:37

**CORPORATION
REINSTATEMENT**



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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300007982533--4
-09/24/02--01042--024
****900.00 ****900.00

REINSTATEMENT 01-02

DOCUMENT # P99000061468

1. Corporation Name

Chatham Aviation, Inc.

2. Principal Office Address

1369 MAJESTY TR.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 4482

Suite, Apt. #, etc.

City & State

WESTON, FL

City & State

Wheaton, IL

Zip

33326

Country

USA

Zip

60189

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/2/99

5. FEI Number

65-0934499

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

STUART M. SLUTSKY

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

2500 WESTON ROAD

Suite, Apt. #, Etc.

SUITE 220

City

WESTON

State

FL

Zip Code

33331

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]

REGISTERED AGENT MUST SIGN

Date

9/17/02

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
P	MARK F. STIEGAL	1369 MAJESTY TR.	WESTON, FL 33326

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] MARK F. STIEGAL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/17/02 630-510-8700

Date

Daytime Phone #

CR2E081 (9/01)

21 9/20/02

9/17/02

To whom it may concern,

I am very sorry that we missed the filing in 2001. We moved from the Edgewater address to the Majesty address but the mail was not forwarded. Since the filing is only once a year I didn't expect the missing form.

Kino ROBANDS

