

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAR -7 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P99000062430**

1. Corporation Name

AEROVANE PRODUCTS, INC.

2. Principal Office Address

880 S. Tamiami Trail

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 128

Suite, Apt. #, etc.

City & State

OSPREY, FL

City & State

OSPREY, FL

Zip

Country

34229

USA

Zip

Country

34229

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2000

5. FEI Number

65-044-1829

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

Kimberly Lussier

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

12226 DEFENDER DRIVE

Suite, Apt. #, Etc.

City

Port Charlotte

State
FL

Zip Code

33953

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of
Registered Agent

Kimberly Lussier
REGISTERED AGENT MUST SIGN

Date

3/4/02

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	Kimberly M. Lussier	12226 DEFENDER DRIVE	Port Charlotte, FL 33953
D	James P. Burns	2957 HARDMAN COURT	ATLANTA, GA 30305

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 807 or 817, 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 807.0401 or 817.0401, 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:

Kimberly Lussier

Kimberly Lussier

Date

2/11/02

Daytime Phone #

(941) 966-5441

CR22081 (9/00)



282

February 13, 2002

Florida Department of State
Katherine Harris
Department of State Division of Corp.
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Our company asks that the reinstatement fee be waived due to the incorrect address. The corporation papers from your office were sent to PO Box 128, Sarasota, FL and our correct address is PO Box 128, Osprey FL 34229. We did not receive any information from your office this year.

If you need any other information please call me at 941-966-5441.

Thank you,


Kimberly Lussier

