

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

01 AUG -6 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900004547479--9
-08/21/01--01072--010
****900.00 ****900.00

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **P99000083254**

1. Corporation Name
ELITE AIR SUPPORT, INC.

2. Principal Office Address
4350 W. TAMPA BAY BLVD.

3. Mailing Office Address
15350 AMBERLY DRIVE

Suite, Apt. #, etc.
-

Suite, Apt. #, etc.
APT 2121

City & State
TAMPA, FL

City & State
TAMPA, FL

Zip
33607

Country
USA

Zip
33647

Country
USA

4. Date Incorporated or Qualified To Do Business In Florida **9/21/99**

5. FEI Number **59-3599333**

6. CERTIFICATE OF STATUS DESIRED ☐

Applied For
Not Applicable

\$8.75 Annual Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
DAVID R. MIKALASKAS

Street Address (P.O. Box Number is Not Acceptable)
15350 AMBERLY DRIVE

Suite, Apt. #, Etc.
APT 2121

City
TAMPA

State
FL

Zip Code
33647

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
David mik

REGISTERED AGENT MUST SIGN

Date
7/30/2001

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	DAVID R. MIKALASKAS	15350 AMBERLY DRIVE #2121	TAMPA, FL 33647

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: **David mik**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
7/30/2001

Daytime Phone #

CR2001 (9/00)