

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # S05696

1. Entity Name
KISSIMMEE AVIATION SERVICES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 27 PM 3:00

Principal Place of Business
3031 WEST PATRICK STREET
KISSIMMEE, FL 34741-5971

Mailing Address
3031 WEST PATRICK STREET
KISSIMMEE, FL 34741-5971

100042239351
10/27/04--01024--002 **550.00



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10192004

REIN-P

CR2E098 (6/04)

4. FEI Number

59-3034309

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOUMANKIN, THOMAS
3031 WEST PATRICK STREET
KISSIMMEE, FL 34741-5971

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME LOUMANKIN, THOMAS
STREET ADDRESS 3031 WEST PATRICK STREET
CITY-ST-ZIP KISSIMMEE, FL 347415971 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME KOWAL, JOHN S
STREET ADDRESS 3031 WEST PATRICK STREET
CITY-ST-ZIP KISSIMMEE, FL 347415971 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/25/04

10/28/04



Kissimmee, 10/18/2004

RE: Document # S05696 - Request For Reinstatement Without Penalty Due To
Non-receipt Of Notice, Due To Closure of Premises Following
Hurricanes.

Dear Sir/Madam:

Our premises were severely damaged by hurricanes Charley, Francis and Jeanne. We have not until very recently been able to resume business and access our offices because of repairs, lack of electricity and phone service. We have now finally been restored to operations, and are contacting you by mail with this request after calling your office to receive instructions as to how to proceed in this matter.

We would like to formally request reinstatement without penalty due to non-receipt of notice and closure of premises following the hurricanes.

The downloaded and completed forms that accompany this letter have a check attached in the amount of \$ 550.00 to comply with the filing fee.

We hope you will consider our request in view of the difficult times we have all faced here in Florida and will grant us a waiver of the fine as well as a waiver for the reinstatement fee.

We greatly appreciate your consideration and understanding in this matter.

Sincerely,

Thomas Loumankin
President

• F.B.O. • Enterprise and Inter American Car Rental • Aircraft Rental • Maintenance