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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

APPROVED
AND
FILED

98 APR 27 AM 10:10

Read Instructions on Other Side Before Making Entries
Make Check Payable To: **Department of State**

1. Name and Mailing Address of Corporation: **DOCUMENT # S47474**

PRO051622

MCCALLION AVIATION CONSULTANT, INC. (MAC)

~~9766 S W 138TH AVE~~

~~MIAMI FL 33186~~

(Signature)

2. If Address in Block 1 is not correct, enter the correct address below:

Address

2103 DRISKELL LN.

City and State

CORINTH TX

Zip Code

76205

3. If Principle Office Address is different from mailing address, enter address below:

Address

2103 DRISKELL LN.

~~9766 S W 138TH AVE~~

City and State

CORINTH TX

Zip Code

76205

4. Date Incorporated or Qualified To Do Business in Florida

4/24/1991

5. FEI Number

65-0265560

FEI Number Applied For

FEI Number Not Applicable

6. **\$8.75** Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☒

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	MCCALLION, HARRY J 9766	9766 S W 138TH ST 2103 DRISKELL LN	MIAMI FL CORINTH TX 76205
D	MCCALLION, SETSUKO K	9766 S W 138TH ST 2103 DRISKELL LN.	MIAMI FL CORINTH TX 76205
			300002510843--9 05/05/98--01057--035 ***1500.00 ***1500.00
			REINSTATEMENT 93-98 <i>g. o. l. n.</i> 4/27/98

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

MCCALLION, HARRY J.

~~9766 S.W. 138TH AVENUE~~

~~MIAMI FL 33186~~

9. If changed, new registered agent / office

Name

Street Address (Do NOT Use P.O. Box Number)

~~2103 DRISKELL LN.~~

Street Address (Do NOT Use P.O. Box Number)

2300 SOUTH PARK RD. APT. 10

City

HALLANDALE

State

FL.

Zip

33009

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.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date **4-12-98**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director

Date **4-12-98**

Daytime Phone # **940-321-9051**

Typed or printed name of signing officer or director

MCCALLION

HARRY J.

CR20040 (8/92)