

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUL 11 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S50457

1. Corporation Name

Cherokee Air, Inc

2. Principal Office Address

PO Box 17965

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33416

Country

USA

3. Mailing Office Address

5525 NW 15th Avenue

Suite, Apt. #, etc.

Suite 203

City & State

Fort Lauderdale, FL

Zip

33309

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/03/91

5. FEI Number

65-0312772

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

Richard A Asper

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

5525 NW 15th Avenue

Suite, Apt. #, Etc.

Suite 203

City

Fort Lauderdale

State

FL

Zip Code

33309

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

Date 05/06/05

REGISTERED AGENT MUST SIGN

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	Faron Sawyer	Marsh Harbor	Abaco, Bahamas

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)(f), 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:

Faron Sawyer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/06/05242-357-6977

Date

Daytime Phone #

CR2E081 (01/05)

B 202

Wolcott & Associates, P.A.

Certified Public Accountants



FORT LAUDERDALE EXECUTIVE AIRPORT (FXE)

5525 NW 15th Avenue, Suite 203, Fort Lauderdale, Florida 33309 USA

Phone 954-763-9363 • Fax 954-467-8893 • Website: www.aviation-cpa.com

June 2, 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Ref: Cherokee Air, Inc.
Document # S50457
FEI Number # 65-0312772

To Whom It May Concern:

We are submitting to your office a corporation reinstatement form and a Florida Power of Attorney for Cherokee Air, Inc. We are asking the State of Florida to reinstate the corporation and waive the reinstatement fee. We moved our offices last year to a new location and did not receive your Annual Report Filing. We are therefore enclosing two \$150.00 checks as part of the annual filing process for the years 2004 and 2005. Thanking you in advance for your time and consideration.

Sincerely yours,



Jed R. Wolcott, CPA

JRW/rjr
Enc.

MEMBERS OF:

American Institute of Certified Public Accountants • Florida Institute of Certified Public Accountants • National Business Aviation Association-Tax Committee
Aircraft Owners and Pilots Association • National Air Transport Association • National Aircraft Resale Association