

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

182

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN 21 AM 11:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S50457

1. Corporation Name

Cherokee Air, Inc.

**2001-2002 UBR**

600009045446

11/18/02--01038--003 \*\*150.00

600009045446

11/18/02--01038--004 \*\*150.00

2. Principal Office Address

PO BOX 17965

3. Mailing Office Address

1041 SE 17th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Box #16

City & State

City & State

West Palm Beach, FL

Fort Lauderdale, FL

4. Date Incorporated or Qualified  
To Do Business in Florida

5-01-91

5. FEI Number

65-0312772

Applied For

Not Applicable

Zip 33416

Country

US

Zip

33316

Country

US

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)

1041 SE 17th St.

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33316

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

REGISTERED AGENT MUST SIGN

Date

6 Sep 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

Pres

Faron Saywer

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD A. ASPER

TRUSTEE PRA

Date

Daytime Phone #

954-763-4848

Dec-11-02 01:28P Wolcott &amp; Associates

954 467 8893

P.01

# **POWER OF ATTORNEY and Declaration of Representative**

 STY1  
DR-835  
R.02/00

**PART 1 - POWER OF ATTORNEY**
**1. TAXPAYER INFORMATION** (Taxpayer(s) must sign and date this form on Page 2, Part I, Section 8)

TAXPAYER NAME(S) AND ADDRESS (Please Type or Print)  CHEROKEE AIR, INC 1041 S.E. 17TH STREET FORT LAUDERDALE FL 33316	TAXPAYER IDENTIFICATION NO(S). (SSN, FEIN, etc.)  65-0312772	FLORIDA TAX REGISTRATION NUMBER   DAYTIME TELEPHONE NUMBER  954-763-9363
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Hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

**2. REPRESENTATIVE(S)** (Each representative must be listed individually, and must sign and date this form on Page 2, Part II)

NAME AND ADDRESS (Please Type or Print) Richard A. Asper 1041 Southeast 17th Street Fort Lauderdale, Florida 33316	TELEPHONE NUMBER 954-763-4848  FAX NUMBER 954-763-4240
NAME AND ADDRESS (Please Type or Print) Jed r. Wolcott 1041 Southeast 17th Street Fort Lauderdale, Florida 33316	TELEPHONE NUMBER 954-763-9363  FAX NUMBER 954-467-8893
NAME AND ADDRESS (Please Type or Print) Mitchell D Miller 1041 Southeast 17th Street Fort Lauderdale, Florida 33316	TELEPHONE NUMBER 954-763-9363  FAX NUMBER 954-467-8893

To represent the taxpayer(s) before the Florida Department of Revenue in the following tax matters:

**3. TAX MATTERS**

TYPE OF TAX (Corporate, Sales, Intangible, etc.)	TAX FORM NUMBER (F-1120, DR-15, DR-601, etc.)	YEAR(S) PERIOD(S) MATTER(S)
Corporate	F1120	1999 to 2002
Corporate Reinstatement	CR2E081	1999 to 2002

**4. ACTS AUTHORIZED**

The representative(s) are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described in section 3. (for example, the authority to sign any agreements, consents, or other documents). The authority specifically includes the power to execute waivers of restrictions on assessment or collection of deficiencies in tax, to execute consents extending the statutory period for assessment or claims for refund of taxes, and to execute closing agreements under section 213.21, Florida Statutes. The authority does not include the power to receive refund warrants or the power to sign certain returns.

LIST ANY SPECIFIC ADDITIONS OR DELETIONS TO THE ACTS OTHERWISE AUTHORIZED IN THIS POWER OF ATTORNEY

**5. RECEIPT OF REFUND**

If you want to authorize a representative named in section 2 to receive, BUT NOT TO ENDORSE OR CASH, refund warrants, initial here \_\_\_\_\_ and list the name of that representative below.

NAME OF REPRESENTATIVE TO RECEIVE REFUND WARRANTS: \_\_\_\_\_

Re-print Taxpayer Name(s):

Taxpayer ID #

5751  
PAGE 2

● Taxpayer(s) must complete Page 1 of this Power of Attorney, or it will be returned.

6. NOTICES AND COMMUNICATIONS

● Notices and other written communications will be sent to the first representative listed in Part I, section 2, unless taxpayer selects one of the options below.

- a. If you want any notices and communications sent to both you and your representative, check this box ..... ☐
- b. If you do not want any notices or communications sent to your representative, check this box ..... ☐
- c. If you want the second representative listed to receive such notices and communications, check this box ... ☐
- d. If you want the third representative listed to receive such notices and communications, check this box ..... ☐

7. RETENTION / REVOCATION OF PRIOR POWER(S) OF ATTORNEY


The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Florida Department of Revenue for the same tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check this box. .... ☐

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

8. SIGNATURE OF TAXPAYER(S)

If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested. If signed by a corporate officer, partner, guardian, tax matters partner/person, executor, receiver, administrator, trustee, or fiduciary on behalf of the taxpayer, I declare under penalties of perjury that I have the authority to execute this form on behalf of the taxpayer. Under penalties of perjury, I (we) declare that I (we) have read the foregoing document, and the facts stated in it are true.




If this Power of Attorney is not signed and dated, it will be returned.

 _____ SIGNATURE Faron Saywer _____ PRINT NAME	12-12-2002 _____ DATE	President _____ TITLE (if Applicable)
_____ SIGNATURE _____ PRINT NAME	_____ DATE	_____ TITLE (if Applicable)

PART II - DECLARATION OF REPRESENTATIVE

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified therein, and to receive confidential taxpayer information;
- I am one of the following:
  - a. Attorney - a member in good standing of the bar of the highest court of the jurisdiction shown below.
  - b. Certified Public Accountant - duly qualified to practice as a certified public accountant in the jurisdiction shown below.
  - c. Enrolled Agent / Actuary - enrolled as an agent or actuary under the requirements of Treasury Department Circular No. 230. (Attach evidence of enrolled status.)
  - d. Law student who is certified pursuant to Chapter 11 of the Rules Regulating the Florida Bar.
  - e. Former Department of Revenue employee. As a tax representative, I cannot accept representation in a matter upon the merits of which I had direct involvement while I was a public employee.
  - f. Other Qualified representative. (Note: Representatives qualifying under this subsection must comply with Rules 12-6.005 and 28-106.106, Florida Administrative Code.);
- I have read the foregoing Declaration of Representative and the facts stated in it are true.

If this Declaration of Representative is not signed and dated, it will be returned.

DESIGNATION - INSERT ABOVE LETTER (a - f)	JURISDICTION (State) or ENROLLMENT CARD NO.	SIGNATURE	DATE
F	Florida		12-11-2002
B	Florida		12-11-2002
B	Florida		12-11-2002