

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S90396**

1 Corporation Name

**APALACHICOLA INTERNATIONAL AVIATION TRAINING CENTER, INC.**

Principal Place of Business

8 AIRPORT ROAD  
P.O. BOX 518  
APALACHICOLA FL 32329-0518

Mailing Address

8 AIRPORT ROAD  
P.O. BOX 518  
APALACHICOLA FL 32329-0518

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>10/28/1991</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-3090689</b>	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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	RUIC, WILLIAM S.	8 AIRPORT ROAD	APALACHICOLA FL
			700002037137--6 -12/24/96--01111--002 ****375.00 ****375.00

**REINSTATEMENT** 1996

*A. Alan*  
12/18/96

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<del>3001 GORRISON</del> <del>317 N. MAIN STREET</del> <del>CRESTVIEW FL 32636</del> William S. Ruic 8 Airport Rd Apalachicola, FL 32329-0518		Name William S. Ruic Street Address (P.O. Box Number is Not Acceptable) 8 Airport Rd - P.O. Box 518 Suite, Apt. #, Etc. Apalachicola City State FL Zip Code 32329-0518	

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 *[Signature]* Date **12-14-96**  
REGISTERED AGENT MUST SIGN

11. 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.)

12. 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]* Date **12-14-96** (904) 653-2222  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #