

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Sandra B. Mortham**  
Secretary of State

DIVISION OF CORPORATIONS

FILED

98 FEB -9 AM 9:00

**DOCUMENT # S98012**

1. Corporation Name **FLAUGHER AVIATION SERVICE & TRANSPORT, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**1371 General Aviation Drive, Hangar 19  
Melbourne, Florida 32935**

**200002420122-- 0**

**-02/11/98--01097--006**

**\*\*\*\*900.00 \*\*\*\*300.00**

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/05/95	
City & State		City & State		5. FEI Number	
Zip		Country		59-3106944	
				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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PST	Jennifer L. Flaughner	827 Kiwi Court	Indialantic, Fl. 32903
D	Jennifer L. Flaughner	827 Kiwi Court	Indialantic, Fl. 32903
VD	Gary L. Flaughner	827 Kiwi Court	Indialantic, Fl. 32903
<b>REINSTATEMENT</b> 97-98 52 2-10-98			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Jennifer L. Flaughner  
827 Kiwi Court  
Indialantic, Fl. 32903**

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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 *Jennifer L. Flaughner*  
REGISTERED AGENT MUST SIGN

Date **Feb. 4, 1998**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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: Jennifer L. FLAUGHER** 2/4/98 1-407-254-8490  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #