

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

**REINSTATEMENT** 1995  
1996

DOCUMENT # **V13585**

1. Corporation Name

**THE COMMERCIAL AIRCRAFT MANAGEMENT GROUP, INC.**

Principal Place of Business

11624 NW 19TH DR.  
CORAL SPGS. FL 33071  
US

Mailing Address

11624 NW 19TH DR.  
CORAL SPRINGS FL 33071  
US

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

02/12/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0313801

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. 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
PD	MONAGHAN, THOMAS	11624 NW 19TH DR	CORAL SPRINGS FL
D	MONAGHAN, MODORA F.	11624 NW 19TH DR	CORAL SPRINGS FL

400002001234--6  
-11/12/96--01001--004  
\*\*\*575.00 \*\*\*575.00

8. Name and Address of Current Registered Agent

FLINGS, INC.  
3732 NW 18TH STREET  
FORT LAUDERDALE FL 33311

9. Name and Address of New Registered Agent

Name **ALAN THOMAS**  
Street Address (P.O. Box Number is Not Acceptable)  
**2570 POWERLINE RD Suite 504**  
Suite, Apt. #, Etc.  
City **Pompano Beach,** State **FL** Zip Code **33069**

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 REQUIRED**

REGISTERED AGENT MUST SIGN

Date **1/25/96**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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: **[Signature]** **RECEIVED** **1/10/96** **305-346-7041**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #