PLEASE READ ALL INSTRUCTIONS BEFORE OF APPLICATION FOR 91-91-10-10-10-10-10-10-10-10-10-10-10-10-10				
DOCUMENT # V22479			97 SEP 12 AM 9: 30	
1 Corporation Name			SECRETARY OF STATE TALLAMASSEE, FLORIDA	
Key/Air Consulting Corporation			INCLASSIC, LEGIDA	
Principal Place of Business Mailing Address				
If above addresses are incorrect in any way, line thro	ugh incorrect information and en	ter correction below.	96-97 annual Report	
2 New Principal Office Address, If Applicable 158 Indies Drive North P.O. Box 2172		* *	4. Date Incorporated or Qualified To Do Business in Florida 3/18/92	
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State		5. FEI Number 65-0320967 Applied For Not Applicable	
Duck Key, FL	l ' l	intry	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/o		JSA porations must list at lea	east 3 directors)	
Title(s) and/or Directors Officer and/or		Street Address of Each Officer and/or Director T Use Post Office Box I	r City / State / Zip	
Pres. J. A. Koger, Jr. 158		ndies Drive	e North Duck Key, FL 33050	
			900002294719 7 -09/16/9701078004 ****373.75 ****373.75	
			a alow	
8. Name and Address of Current F	Registered Agent		9. Name and Address of New Registered Agent	
J. A. Koger, Jr.			, , , , , , , , , , , , , , , , , , ,	
158 Indies Drive North Duck Key, FL 33050		Street Address (I	Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.		
		City	Cily State 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	GISTERED AGENT MUST SIGN		Date _ 8/14/97	
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 filling 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: SIGNATURE J. A. Koger, Jr President 8/14/97 305-743-6692 Date Date Date Daytime Phone #				

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KEY/AIR CONSULTING CORPORATION

P. O. Box 2172 • Martinsville, Virginia 24113

September 11, 1997

Ms Amy Alan Florida Dept. of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Resubmission of Application for Reinstatement

Ms Alan:

Per our telephone conversation, enclosed is subject document with a check for the corrected fee amount.

Your letter dated 8/19/97 (copy enclosed) indicated that an additional fee of \$585.00 was also due but in our conversation you indicated that the letter from the president of our corporation explaining the failure to file the 1996 Annual Report was apparently not noticed. That letter is also resubmitted for your review and consideration.

Please also notice our request for a new address for the mailing of all documents for our company.

Thank you for your consideration regarding this matter

Very Truly Yours,

Key/Air Consulting Corporation

egery & Millington

Controller