

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR REINSTATEMENT



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

AND
FILED

1996 NOV -4 PM 12: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V31962

1. Corporation Name

SANDPIPER AIRWAYS, INC.

Principal Place of Business

Mailing Address

c/o William Scott Foster
909 Mar Walt Drive, Suite 1014
Fort Walton Beach, FL 32547

c/o William Scott Foster
909 Mar Walt Drive, Suite 1014
Fort Walton Beach, FL 32547

300002000823--8
-11/08/96--01096--003
*****8.75 *****8.75

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 Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/23/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3127220

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	Gregory W. Turner	121 Sunset Cove	Niceville, Florida 32578
D	Robert M. Turner	121 Sunset Cove	Niceville, Florida 32578
			300002000823--8 -11/08/96--01096--002 ****775.00 ****775.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

Robert M. Turner
121 Sunset Cove
Niceville, Florida 32578

9. Name and Address of New Registered Agent

Name
Robert M. Turner
Street Address (P.O. Box Number is Not Acceptable)
121 Sunset Cove
Suite, Apt. #, Etc.
City
Niceville
State
FL
Zip Code
32578

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

Robert M. Turner

REGISTERED AGENT MUST SIGN

Date October 30, 1996

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 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:

Robert M. Turner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert M. Turner

October 30, 1996

Date

c/o William Scott Foster
(904) 863-4064

Daytime Phone #