

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 SEP 30 PM 12:39

DOCUMENT # **V60364**

1. Corporation Name

American Flying Adventures

Principal Place of Business

Mailing Address

**Clearwater, 14695 Airport Pkwy
Clearwater, FL 33762**

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

2. New Principal Office Address, if Applicable

14695 Airport Pkwy

Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

14695 Airport Pkwy

Suite, Apt. #, etc.

City & State

Clearwater FL

Zip

33762

Country

City & State

Clearwater, FL

Zip

33762

Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

08/10/1992

5. FEI Number

59-3130410

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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
President	Hanspeter Tschupp	3021 Crest Dr.	Clearwater FL 33759
Treasurer	Susi Tschupp	3021 Crest Dr.	Clearwater FL 33759

**700003007347--5
-10/06/99--01060--002
***1350.00 ***1350.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Hanspeter Tschupp

Name

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

14695 Airport Pkwy

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33762

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

Hanspeter Tschupp
REGISTERED AGENT MUST SIGN

Date **28 September 1999**

11. This corporation owes 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hanspeter Tschupp HP.TSCHUPP

Date

28 Sep 1999

Daytime Phone #

727-538-2088

CR2006 (12/98)