

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

DOCUMENT # **F93000005859**

99 OCT 14 PM 5:30

1. Corporation Name
HYANNIS AIR SERVICE, INC.

Principal Place of Business Mailing Address
**BARNSTABLE MUNICIPAL AIRPORT
HYANNIS MA 02601** **660 BARNSTABLE RD
HYANNIS MA 02601
US**



REINSTATEMENT 99

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 12/27/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 04-3005476	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$6.75 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	4. City / State / Zip
PD	WOLF, DANIEL A	168 MAIN STREET	NORTH HARWICH MA 02645
TD	WILSON, GRANT M	201 CONCORD ST.	CARLISLE MA 01741
C	GARDNER, WILFRED E	76 GARDEN RD	WELLESLEY MA 02181
D	PRICE, RUSSEL	272 WHISTLEBERRY DR	MARSTONS MILLS MA 02845
D	LUENING, J D	1033 FEARRINGTON POST	FEARRINGTON VILLAGE NC 27312
D	HARRIS, CHARLES	00 MAPLE ST.	W. BARNSTABLE MA

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name Cape Air	
		Street Address (P.O. Box Number is Not Acceptable) 574 Terminal Drive	
		Suite, Apt. #, Etc. 400003020154--7	
		City Naples	

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 <i>Burke H. Masterson</i>	400001020154--7
REGISTERED AGENT MUST SIGN	Date 10/21/99 01010-028
	***8.75 ***8.75

11. 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **10-12-99** Daytime Phone #

CS-2530-0 (8-99)