

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
in and with  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 29 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000014291

Name and Mailing Address

0010675 01 FP 0.352 \*\*PRSRT HO 0 0615 34946-902200



EUROPEAN FLIGHT TRAINING, L.C.  
3800 ST. LUCIE BLVD.  
FORT PIERCE FL 34946-9022



2. New Mailing Address

City, State, Zip

Principal Place of Business

3800 ST. LUCIE BLVD.  
FORT PIERCE FL 34946

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

11/13/2000

6. FEI Number

59-3689537

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

VITELLO, PHILIP E  
662 AZALEA LANE  
VERO BEACH FL 32963

9. Name and Address of New Registered Agent

Name

TREVOR BRACKSTON

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

3600 ST. LUCIE BLVD

City

FORT PIERCE

FL

Zip Code

34941

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/22/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	WOOD, BENJAMIN R.J.	5111 FEATHER CREEK DRIVE	FORT PIERCE FL 34951
MGRM	BRACKSTON, TREVOR	553 CROSS CREEK CIRCLE	SEBASTIAN FL 32958

900008671289  
10/29/02--01099--021 \*\*150.00

REINSTATEMENT

2002

10/30 not

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of  
Managing Member/Manager

Date 10/22/02 Daytime Phone # 772-466-4757

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)