

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT -3 PM 2:09

DOCUMENT # 545025

1. Corporation Name

AMERICAN FLYERS SCHOOLS, INC.

2. Principal Office Address

801 N.E. 10th Street

Suite, Apt. #, etc.

3. Mailing Office Address

801 N.E. 10th Street

Suite, Apt. #, etc.

City & State

Pompano, FL 33060

Zip

33060

Country

USA

City & State

Pompano, FL 33060

Zip

33060

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

9/21/77

SP

5. FEI Number

59-1765552

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Donald D. Harrington

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

1900 S.W. 145th Ave

Suite, Apt. #, Etc.

City

Davie

State
FL

Zip Code
33325

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/01/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
STD	Donald D. Harrington	1900 S.W. 145th Ave	Davie, FL 33325
D	R. Clark McCormack	R.R. 7	Gainesville, TX 762400

10. 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

Date

10/01/01

Daytime Phone #

630-584-4700