

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

03 OCT 23 PM 1:37

DOCUMENT # **F01000000689**

1. Corporation Name

**SAFEFLIGHT INTERNATIONAL/FT.MYERS, INC.**

Principal Place of Business

Mailing Address

325 DANKY DR  
 FORT MYERS FL 33907

14040 SCHULTZ RD.  
 FT. MYERS FL 33908



**REINSTATEMENT** 03

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

02/06/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1057833

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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	4 City / State / Zip
PSTD	PARSONS, CHARLES F	14040 SCHULTZ RD.	FT. MYERS FL

400024055004  
 10/23/03--01078--016 \*\*158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PARSONS, CHARLES F  
 14040 SCHULTZ RD.  
 FT. MYERS FL 33908

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

*Charles F. Parsons*  
 REGISTERED AGENT MUST SIGN

Date

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:

*Charles F. Parsons*  
 SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12800

CR2E040 (7/03)

October 20, 2003

Department of State  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Name: Safeflight International/Ft. Myers, Inc.  
Document # F01000000689  
FEI # 65-1057833

Please be advised that we did not receive the initial invoice for our annual Corporation filing.

We are enclosing a check for \$150.00 plus \$8.75 for a Certificate of Status to cover this charge as per your phone recording.

If you have any questions, please feel free to contact me at 239-454-8533.

Thank you,



Charles F. Parsons  
14040 Schultz Rd.  
Fort Myers, FL 33908