

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

03 OCT 27 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F01000000690**

1. Corporation Name

SAFEFLIGHT INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

14040 SCHULTZ RD.
FT. MYERS FL 33908

14040 SCHULTZ RD.
FT. MYERS FL 33908



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

65-1057835

Applied For

Not Applicable

City & State

City & State

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 |
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| | | | |
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| | | | |

300024180903
10/27/03--01126--020 **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

Date

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

October 20, 2003

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

Name: Safeflight International, Inc.
Document # F01000000690
FEI # 65-1057835

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