

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

H31018

1. Corporation Name

THE NIGHT FLIGHT, INC.

2. Principal Office Address

8515 Sunbeam Ln.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Tampa, FL 33615

Zip

33615

Country

US

City & State

Zip

Country

FILED

06 MAR - 1 PM 12:40

SEARCHED INDEXED
FILED

700067437137
03/09/06--01014--013 **150.00

700067437137
03/09/06--01014--012 **150.00
CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/20/84

5. FEI Number

59-2489127

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

Hutchins, Suzanne

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

8515 Sunbeam Ln.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33615

700067437137
03/09/06--01014--014 **150.00

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

Suzanne Hutchins

Date 2/20/06

REGISTERED AGENT MUST SIGN

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
DPST	Hutchins, Suzanne C.	8515 Sunbeam Ln.	Tampa, FL 33615

BS 3/2/06

REINSTATEMENT 04/2006

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 contained in Chapter 119, 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:

Suzanne Hutchins 3/20/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-870-0084

Date

Daytime Phone #

AS per

**John T. Weaver, CPA, PA
Certified Public Accountant
3601 Swann Ave., Suite 207
Tampa, FL 33609
Telephone: 813-870-0084***Fax: 813-350-0288**

February 23, 2006

Tyrone Scott, Document Specialist
Florida Secretary of State
Division of Corporations
P O Box 6327
Tallahassee, Florida 32314

RE: 2004 & 2005 & 2006 Reinstatement Form
The Night Flight, Inc.
Document number: H31018

Dear Tyrone:

I have been asked by the Shareholder of The Night Flight , Inc to get their Corporation reinstated and back into good standings with the Secretary of State. The Shareholder states that she never received any form or notice of the annual report being due. We have enclosed a checks # 4267 for \$ 150.00 to pay for 2004, Check # 4268 for \$ 150.00 to pay 2005 and Check # 4269 for \$ 150.00 for the current year 2006. The Shareholder will take steps so that this does not happen again in the future.

Please accept the checks to reinstate based on the fact that they never received any notices to renew.

Thank you in advance for your assistance in getting the corporation back in good standings.

Sincerely,

John Weaver

John T. Weaver
Certified Public Accountant