

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.

**City & State**

Tampa, FL 33615

**Zip**

33615

**Country**

US

**3. Mailing Office Address**

Suite, Apt. #, etc.

**City & State**

**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

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

**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

**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*

REGISTERED AGENT MUST SIGN

**Date** 2/20/06

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

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
DPST	Hutchins, Suzanne C.	8515 Sunbeam Ln.	Tampa, FL 33615

B 3/2/06

REINSTATEMENT 04/20/06

**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 2/20/06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

813-870-0084

**Daytime Phone #**

JTW

**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

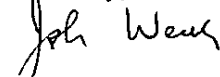
Dear Tyrone:

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 T. Weaver**  
**Certified Public Accountant**