

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -6 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J17880

1. Corporation Name

Flight Training, Inc.

2. Principal Office Address

1901 S. Indian River Drive

Suite, Apt. #, etc.

City & State

Fort Pierce, FL

Zip

34950

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 06/05/1986

5. FEI Number

59-2699796

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 93-04

7. Name and Address of Current Registered Agent

Name

G. Stevens Lyshon

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

1901 S. Indian River Drive

Suite, Apt. #, Etc.

City

Fort Pierce

State

FL

Zip Code

34950

100036250671
05/13/04--01020--014 **2400.00

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

G. Stevens Lyshon
REGISTERED AGENT MUST SIGN

Date 04/30/2004

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
PST	Louise G. Lyshon	1901 S. Indian River Drive	Fort Pierce, FL 34950
VP	G. Stevens Lyshon	1901 S. Indian River Drive	Fort Pierce, FL 34950

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:

G. Stevens Lyshon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/2004

Date

(772)465-2330

Daytime Phone #

CR2E001 (01/04)