

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAY 29 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # RA5888

1. Corporation Name
AVIATION TRAINING PROGRAMS, INC.

Principal Place of Business: OPA LOCKA AIRPORT BUILDING 35 OPA LOCKA, FL. 33054
Mailing Address: OPA LOCKA AIRPORT BUILDING 35 OPA LOCKA, FL. 33054

REINSTATEMENT 9/6-98

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable OPA LOCKA AIRPORT Suite, Apt. #, etc. BUILDING #39 City & State OPA LOCKA, FL. Zip 33054 Country U.S.A	3. New Mailing Office Address, if Applicable OPA LOCKA AIRPORT Suite, Apt. #, etc. BUILDING #39 City & State OPA LOCKA, FL. Zip 33054 Country U.S.A	4. Date Incorporated or Qualified To Do Business in Florida 6/15/89	5. FEI Number 65-0138914 Applied For Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	Hernando Paz	610 N.W. 109th Avenue #3	Miami, FL
TD	Ana Paz	610 N.W. 109th Avenue #3	Miami, FL
			400002548174-- 4 -06/04/98--01096--017 ***1058.75 ***1058.75

8. Name and Address of Current Registered Agent Hernando Paz OPA LOCKA AIRPORT BUILDING 35 OPA LOCKA, FL. 33054	9. Name and Address of New Registered Agent Name James J. Hurchalla Street Address (P.O. Box Number is Not Acceptable) 169 East Flagler Street Suite, Apt. #, Etc. Suite 1527 City Miami State FL Zip Code 33131
---	---

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.
Signature of Registered Agent James J. Hurchalla Date 5/27/98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: X [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 5/27/98 x 305-687-7616 Daytime Phone #

CFR2040 11.981