

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 # *R95888*

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

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 ☒

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	Hernando Paz	610 N.W. 109th Avenue #3	Miami, FL
TD	Ana Paz	610 N.W. 109th Avenue #3	Miami, FL

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*

REGISTERED AGENT MUST SIGN

Date 5/27/98

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 of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/27/98* *X 305-687-7616*  
Date Daytime Phone #