

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 DEC 17 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L06000020972

1. Corporation Name

AIRLINE TRAINING ACADEMY OF MIAMI, LLC

08

2. Principal Office Address - No P.O. Box #

1602 SW 77TH AVE

Suite, Apt. #, etc

City & State

PEMBROKE PINES

Zip

33023

Country

USA

3. Mailing Office Address

2322 E. OAKLAND PARK BLVD.

Suite, Apt. #, etc

201

City & State

FT. LAUDERDALE

Zip

FLORIDA

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 02/24/2006

5. FEI Number

90-0259497

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (11/09)

7. Name and Address of Current Registered Agent

Name

ERIC YANKWITT

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

2322 E. OAKLAND PARK BLVD.

Suite, Apt. #, Etc

201

City

FT. LAUDERDALE

State

FL

Zip Code

33306

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date

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
MGR	ANTHONY PUNZIANO	1602 SW 77TH AVE	PEMBROKE PINES, FL 33023

REINSTATEMENT 2008-2009 CUS  
without Penalty up to 21

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**ADVISORY TAX SERVICE, INC.**  
**2322 E. OAKLAND PARK BLVD. #201**  
**FT. LAUDERDALE, FL 33306**  
**WWW.MYTAXGURU.COM**  
**T (954) 763.2829/F (954)763.2825**

December 04, 2009

Florida Dept. of State  
Secretary of State  
Division of Corporation  
PO Box 6327  
Tallahassee, FL 32314

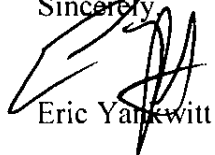
**Airline Training Academy of Miami, LLC**  
**Doc#: L06000020972**  
**FEI#: 90-0259497**

To Whom It May Concern:

I am the accountant and register agent for the above corporation. Enclose is the application and check to reinstate the above corporation. Our office has been move to a new location and we have not received notice of renewal for the entity/corporation, please waived reinstatement fee.

If you have any questions, do not hesitate to contact me.

Sincerely,



Eric Yankewitt