PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. PAGE IS APPLICATION.

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

DOCUMENT # P0000060913

1. Corporation Name

FLIGHT TIME SERVICES, INC.

Principal Place of Business

Mailing Address

113 SANTA MONICA AVENUE ROYAL PALM BEACH FL 33411 113 SANTA MONICA AVENUE ROYAL PALM REACH EL 3341 FILED

02 NOV 12 PH 2: 26

SECRETARY OF STATE
TALLAHASSHE, FLIKEDA



HOYAL PA	LM BEACH FL 33411	ROYAL F	PALM BEACH FL	_ 33411				
If above a	addresses are incorrect in any way, line	through incorre	ect information a	and enter correction below.				
				ling Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida		
Suite, Apt. #, etc.			Suite, Apt. #, etc.					
City & State City &			ity & State		5. FEI Numbe	APPLIED FOR	Applied For Not Applicable	
Zip	Zip Country Zip			Country		6. CERTIFICATE OF STATUS DESIRED for a Certificate of Status		
7. Names	and Street Addresses of Each Officer a	and/or Director ((Florida nonpro	I. fit corporations must list at lea	ast 3 directors)		o o o o o o o o o o o o o o o o o o o	
Title(s)	Name of Officers and/or Directors		Street Address of Eac Officer and/or Directo		1			
D	MIRO, GEORGE		113 SAN	113 SANTA MONICA AVENUE		ROYAL PALM BEACH FL 33411		
D	BRINKMAN, GREGORY M		OLD MIL	TON ROAD	RYE NY 10580			
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				10008935361 				
			1.0	117127122			**150.00	
			1 Ox	NYC				
	8 Name and Address of Curren	nt Posistored /	\	7				
8. Name and Address of Current Registered Agent				Name	9. Name and Address of New Registered Agent Name			
WEINSTEIN, SETH T ESQ.				Street Address (P.O. Box Number is Not Acceptable)				
Sokoloff & Weinstein, P.A. 11440 Okeechobee Blvd., Suite 104								
ROYAL PALM BEACH FL 33411				Suite, Apt. #, Etc.			CR2E040 (8/02)	
				City State Zip Code			Zip Code	
10. I, being	appointed the registered agent of the	above named co	rporation, am fa	amiliar with and accept the ob	bligations of Section	on 607.0505, F.S. or 617.0505,	F.S.	
Signature of Registered	Sem Semestrational	JURI	E RE	QUIRED		. Wall	0.2	
. iogistered /	Y SOVE STANSON	REGISTERED				Date (0/31/		
11. I certify t	that I am an officer or director or the restatement application, the reason for di	ceiver or trustee ssolution has be	empowered to en eliminated, t	execute this application as p	rovided for in chap the requirements	oter 607 or 617, F.S. I further co	ertify that when filing	

SIGNATURE:

STATURE ON DE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAGE

Date

Date

Description Proper #

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.

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Flight Time Services, Inc.

113 Santa Monica Avenue Royal Palm Beach, FL 33411

October 31, 2002

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sir:

I am writing this letter to ask for reinstatement of the above Corporation in accordance with the application for reinstatement attached.

We did not receive the two prior Uniform Business Report forms or notices that were sent to us in the past and have made corrections to the way we receive and distribute our mail to avoid this in the future.

Enclosed is our check in the amount of \$150.00 to pay for the assessed penalty.

Sincerely,

George L. Miro

President

Flight Time Services, Inc.