

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 31 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000076060

1. Corporation Name

SAFE FLIGHT, INC.

Principal Place of Business

1760 SW 7TH AVENUE
POMPANO BEACH FL 33060

Mailing Address

1760 SW 7TH AVENUE
POMPANO BEACH FL 33060



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/02/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

05-1129489

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 3	City / State / Zip 4
P/M	ROBERT M. HERNANDEZ	5221 SW 16A TERR.	33331 SW RANCHES, FL.
V/D	FERENC CSAMPAI	#3207 921 LYONS ROAD	FL. 33063 COUNTRY CREEK

700008734747
10/31/02--01108--015 **158.75

8. Name and Address of Current Registered Agent

MUSKOVICS, FERENC
2215 CYPRESS ISLAND DRIVE
POMPANO BEACH FL 33069

9. Name and Address of New Registered Agent

Name
ROBERT M. HERNANDEZ
Street Address (P.O. Box Number is Not Acceptable)
5221 SW 16A TERR.
Suite, Apt. #, Etc.
City
S.W. RANCHES
State
FL
Zip Code
33331

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-25-02

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FERENC CSAMPAI 10-25-02

Date 10-25-02

SAFE FLIGHT, INC

FAA APPROVED REPAIR STATION # SLGR312X

October 28, 2002

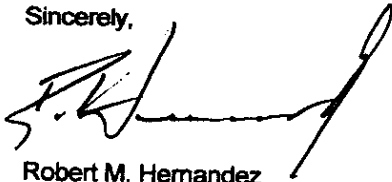
Robert M. Hernandez

To Whom It May Concern:

As per your request, this letter is to inform you of the new ownership of Safe Flight Inc.

I am not aware of any prior notice or past due notices from the State of Florida regarding 2002 annaul report. Please except our application for reinstatement, enclosed is check # 1069 for \$ 158.75.

Sincerely,



Robert M. Hernandez
President.