

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 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000076060**

1. Corporation Name
SAFE FLIGHT, INC.

Principal Place of Business	Mailing Address
1760 SW 7TH AVENUE POMPANO BEACH FL 33060	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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/02/2001	
City & State		City & State		5. FEI Number	
Zip		Country		65-1129489	
				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	4 City / State / Zip
P/M	ROBERT M. HERNANDEZ	5221 SW 16A TERR.	33331 SW RANCHES, FL.
V/D	FERENC CSAMPAI	#3207 921 LYONS ROAD	FL. 33063 COCONUT CREEK

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MUSKOVICS, FERENC 2215 CYPRESS ISLAND DRIVE POMPANO BEACH FL 33069		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	

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

CR2E040 (8/02)

SAFE FLIGHT, INC

FAA APPROVED REPAIR STATION # SLGR312X

October 28, 2002

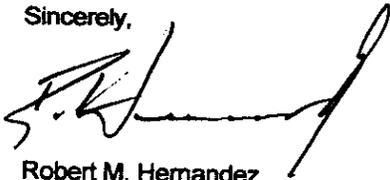
Robert M. Hernandez

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.