

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000059018

1. Corporation Name

DAVE'S SOUTHERN FLIGHT, INC.

03 OCT 23 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address 312 LINCOLN AVENUE		3. Mailing Office Address 312 LINCOLN AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NEW SMYRNA BEACH FL		City & State NEW SMYRNA BEACH FL	
Zip 32169-2538	Country USA	Zip 32169-2538	Country USA
<p>4. Date Incorporated or Qualified To Do Business in Florida. 05-29-2002</p> <p>5. FEI Number 01-0700164 Applied For Not Applicable</p> <p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>			

7. Name and Address of Current Registered Agent

Name DAVID R ACHESON	600024055736
Street Address (P.O. Box Number is Not Acceptable) 312 LINCOLN AVENUE	10/23/03-01079--021 **150.00
Suite, Apt. #, Etc.	
City NEW SMYRNA BEACH	State FL Zip Code 32169-2538

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 **10-18-03**

REGISTERED AGENT MUST SIGN

CR2081 (10/02)

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
PSTD	DAVID R ACHESON	312 LINCOLN AVE	NEW SMYRNA BCH FL 32169

10. 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:

DAVID R ACHESON

10-18-03 407-701-8351

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2110128

DAVE'S SOUTHERN FLIGHT, INC.
312 Lincoln Avenue
New Smyrna Beach, FL 32169-2538
(407) 701-8351

October 18, 2003

Secretary of State
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Corporation Reinstatement - Request for waiver of Penalty

Madam Secretary:

I am requesting waiver of the \$600.00 penalty portion of the reinstatement fee for Dave's Southern Flight, Inc. for failure to file the Uniform Business Report by May 1, 2003. Because of my address change, I did not receive the UBR report for filing.

I have enclosed my check in the amount of \$150.00 and the *Corporation Reinstatement* form, with the proper information completed.

Thank you for your attention in this matter.

Sincerely,



David R Acheson
President & Registered Agent
Dave's Southern Flight, Inc.

Enclosure(s) 2