

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC -3 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000081008

1. Corporation Name

Flightshares, Inc.

REINSTATEMENT 02

800009351998

12/04/02--01053--030 **750.00

2. Principal Office Address

1500 Perimeter Road, Suite 2

3. Mailing Office Address

1500 Perimeter Road, Suite 2

Suite, Apt. #, etc.

W Palm Beach International Airport

Suite, Apt. #, etc.

W Palm Beach International Airport

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33406

Country

USA

Zip

33406

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/25/2002

5. FEI Number

41-2052592

Applied For--

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

American Information Services, Inc.

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

One Southeast Third Avenue

Suite, Apt. #, Etc.

28th Floor

City

Miami

State
FL

Zip Code

33131

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

Amy Le Grand

Amy Le Grand, Asst. Secretary REGISTERED AGENT MUST SIGN

Date 11/25/2002

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
D	William Anderson	2064 Windward Way	Jupiter, FL 33477
D	John Sterrett	13144 Silver Fox Trail	Palm Beach Gardens, FL 33418
D	Daniel Woodward	1390 Rosetta Trail	West Palm Beach, FL 33411
D	Richard Becker	7420 NW 5 Street, Suite 112	Fort Lauderdale, FL 33317

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-26-02 561-686-2474

Date

Daytime Phone #

CR2E081 (9/01)

11/12/02