

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 17 AM 10:40

DOCUMENT # P93000085296

1. Corporation Name

TAKE FLIGHT INC
TAKE FLIGHT, INC

700024962587
11/24/03--01027--025 **150.00

2. Principal Office Address

2933 W SR 434

Suite, Apt. #, etc.

131

City & State

LONGWOOD FLORIDA

Zip

32779

Country

USA

3. Mailing Office Address

2933 W SR 434

Suite, Apt. #, etc.

131

City & State

LONGWOOD FLORIDA

Zip

32779

Country

USA

REINSTATEMENT

02-03

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

12/10/1993

5. FEI Number

593212669

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

ZEEV MOSHE

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

2933 W SR 434

Suite, Apt. #, Etc.

131

City

LONGWOOD

State

FL

Zip Code

32779

700024962587
11/24/03--01027--025 **150.00

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

REGISTERED AGENT MUST SIGN

Date 10/14/03

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
P	ZEEV MOSHE	140 N WESTMONTE DR #105	ALTAMONTE SPRINGS FL 32714
S	MICHAELA MOSHE	140 N WESTMONTE DR #105	ALTAMONTE SPRINGS FL 32714

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

10/14/03

Date

Daytime Phone #

CR2E081 (10/02)

11/17/03

 Accounting, Inc.

2/2
4907 CARDER ROAD #4
ORLANDO FL 32810
407.292.1964
407.445.1755 FAX

To Mr Andy Dunlap
Division Of Corporations Reinstatement Section
P.O. Box 6327
Tallahassee FL 32314
October 14th 2003

RE: Take Flight , Inc.

As per our telephonic conversation I am enclosing a check for \$150.00 to reinstate the above Corporation.
As you can see the address is different and the registered agent did not forward the uniform return to the
Directors of the corporation as they were out of the country as I explained per our phone call. Thank you
In advance for your assistance.

Sincerely


Ingrid Goldberg