

1995-2005 Rei

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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|--|---|---|---------------------------------|
| CORPORATION REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations | |
| DOCUMENT # <i>194000055051</i> | | | |
| 1. Corporation Name WORLD FLIGHT TRAINING ACADEMY INC | | | |
| 2. Principal Office Address 1485 SW 119TH. AVE. Suite, Apt. #, etc. BLDG. 127 | | 3. Mailing Office Address 1485 SW 119TH. AVE. Suite, Apt. #, etc. BLDG. 127 | |
| City & State PEMBROKE PINES, FL | | City & State PEMBROKE PINES, FL | |
| Zip 33025 | Country U.S.A. | Zip 33025 | Country U.S.A. |
| 4. Date Incorporated or Qualified To Do Business in Florida 1995 5. FEI Number 194000055051 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable | | | |
| 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | | | |
| 7. Name and Address of Current Registered Agent Name HARRY WOOD Street Address (P.O. Box Number is Not Acceptable) 1485 SW 119TH. AVE. <i>11707/05-01003-021</i> *#228.75 Suite, Apt. #, Etc. BLDG. 127 City PEMBROKE PINES, FL State FL Zip Code 33025 | | | |
| 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 <i>H. Wood</i> REGISTERED AGENT MUST SIGN Date <i>10/28/05</i> | | | |
| 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 | HARRY WOOD HERNANDEZ | 1485 SW 119TH. AVE. BLDG. 127 | PEMBROKE PINES, FL 33025 |
| VP | HARRY WOOD | 1485 SW 119TH. AVE. BLDG. 127 | PEMBROKE PINES, FL 33025 |
| T | HARDY WOOD | 1485 SW 119TH. AVE. BLDG. 127 | PEMBROKE PINES, FL 33025 |
| S | NINA WOOD | 1485 SW 119TH. AVE. BLDG. 127 | PEMBROKE PINES, FL 33025 |
| 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: | <i>Harry Wood H.</i> <i>10/28/05</i> <i>305-937-8097</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | |
| | | Date | Daytime Phone # |

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Applied For
 Not Applicable

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 Not Applicable