

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 NOV 15 AM 10:18

DOCUMENT # P940000 78823

**1. Corporation Name**

FLIGHT CREW RESOURCES, INC.,

500003487705--5  
-12/05/00--01070--003  
\*\*\*\*900.00 \*\*\*\*900.00

**2. Principal Office Address**

8545 N.W. 79th Avenue

Suite, Apt. #, etc.

City & State

Medly, FL 33166

Zip

33166

Country

U.S.

**3. Mailing Office Address**

8545 N.W. 79th Avenue

Suite, Apt. #, etc.

City & State

Medly, FL 33166

Zip

33166

Country

U.S.

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

10/24/94

**5. FEI Number**

65-0528542

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 99-00

**7. Name and Address of Current Registered Agent**

Name

J. Thompson Thornton of THORNTON, DAVIS & FEIN, P.A.

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

Brickell Bayview Centre, Suite 2900

Suite, Apt. #, Etc.

80 S.W. 8th Street

City

Miami

State

FL

Zip Code

33130

**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

*J. Thompson Thornton*  
REGISTERED AGENT MUST SIGN

Date Nov 13, 2000

**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/D	Johnny Millon	8545 N.W. 79th Avenue	Medly, FL 33166

**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

Johnny Millon

Date

305-887-6778

Daytime Phone #