-	PLEASE READ	TOMILIA	- - DI IOTI	IONE	BEEODE (OMDI ET	ING THIS EODM	
APPLICATION FOR REINSTATEMENT PLEASE READ ALL INSTRUCTIONS BEFORE OF CORPORATIONS FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS						T	FILE	
DOCUMENT # P95000077446 1. Corporation Name The Civil Aviation Academy, Inc.						97 MAR 11 PM 12: 29 SECRETARY OF STATE		
Principal Pi	Mailing a	g Address			inst,	TALLAHASSEE, FI	LORIDA	
If above a 2. New Prin 8442	formation and enter correction below.			4 Date Incom	DO NOT WRITE IN THIS S	mwg		
Suite Apt. *, etc. Suite City & State Port St. Lucie, FL 34952			ite, Apt. #, etc. y & State			5. FEI Numbe 65-00	SR 75 Additional England	
		rida nonprofit corporations must list at least 3 directors			ast 3 directors)	E OF STATUS DESIRED	for a Certificate of Status	
Title(s)	2			Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)			City / State / Zip	
	DP Maurice E. Warren D David Bardeau			1714 S.E. Aires Lane 2272 S.W. Waterview Place			Port St. Lucie, FL 34984 Palm City, FL 34990	
D	John J. Brown			434 Concord Drive			Port St. Lucie	
D	Tom Ratner	6340 SW 84th Street				S. Miami, FL 33143		
						9	0000211(-03/12/97 ****915.00	D8395 01027006) ****915.00
	6. Name and Address of Current R	legistered Ager	nt		ļ	9. Name and	Address of New Registered	Agent
N. Dean Kohl, Jr. 50 S.E. Kindred Street Stuart, FL 34994					Name Maurice E. Warren Street Address (P.O. Box Number is Not Acceptable) 8442 S. Federal Highway Suite, Apt. #, Etc.			
		==			City Port St.	Lucie FI	State FL	
10. 1, bying Signature of Registered		ve named corpor						
11. Do De	es this corporation pay a pt. of Revenue under S.	ny intangi 199.032, I	ible tax Florida	to th Stati	e utes. Yes	☐ No [de for information ngible tax.)

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

のでは、「「「「「「「」」」というできない。 「「「」」「「「」」」「「「」」「「」」「「」」「「」」「「」」「「」」」「「」」「「」」「」」「「」」「」」「」」「「」」「」」「」」「」」「」」「」

a de la companya de l

F

2

561-340-3139

Daytime Phone #