

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
99 JAN 13 PM 2:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** PA6000028641

1. Corporation Name

MEGA FLIGHT, INC.

Principal Place of Business

Mailing Address

3144 Hassi Point  
Longwood, FL 32779

3144 Hassi Point  
Longwood, FL 32779

**REINSTATEMENT**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

04/02/96

Suite, Apt. #, etc.  
3144 Hassi Point

Suite, Apt. #, etc.  
3144 Hassi Point

5. FEI Number

59-3371664

Applied For

Not Applicable

City & State  
Longwood, Florida

City & State  
Longwood, Florida

Zip  
32779

Country  
USA

Zip  
32779

Country  
USA

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres/ Dir.	Ronald S. Rosenberg	3144 Hassi Point	Longwood, Florida 32779

700002747367--0  
-01/20/99-01030-024  
\*\*\*\*908.75 \*\*\*\*908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Ronald S. Rosenberg  
3144 Hassi Point  
Longwood, Florida 32779

Name  
Jerome D. Mitchell, Esquire  
Street Address (P.O. Box Number is Not Acceptable)  
RIGGIO & MITCHELL, P.A.  
Suite, Apt. #, Etc.  
400 South Palmetto Avenue  
City  
Daytona Beach

State  
FL  
Zip Code  
32114

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent By:

REGISTERED AGENT MUST SIGN

Date 1/13/99

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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)(b), 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

Date

Daytime Phone #

CR26040 (1/98)