

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

DOCUMENT # P96000098782

1. Corporation Name

**ATLANTIC FLIGHT GROUP, INC.**

97 NOV 17 AM 10:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**5700 N.W. 36th Street  
Miami, FL 33122**

**P.O. Box 52-1296  
Miami, FL 33152-1296**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**December 4, 1996**

5. FEI Number

**65-0714559**

Applied For

Not Applicable

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
P/D	Michael Keister	1000 N.W. North River Drive Unit 113	Miami, Florida 33142
VP/S/D	Leonard Traficanti	243 St. James Court	Wilmington, NC 28412
VP/T/D	Charles W. Eldon, II	19302 N.W. 24th Place	Pembroke Pines, FL 33029

100002352451-4  
-11/19/97-01103-020  
\*\*\*\*750.00 \*\*\*\*750.00

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*A. Walker*  
11/17/97

8. Name and Address of Current Registered Agent

**William L. Handley  
415-B North Hibiscus Drive  
Miami Beach, FL 33139-5152**

9. Name and Address of New Registered Agent

Name  
**Michael Walker, Esquire**  
Street Address (P.O. Box Number is Not Acceptable)  
**900 SunTrust Building, 777 Brickell Avenue**  
Suite, Apt. #, Etc.  
**900**  
City  
**Miami**  
State  
**FL**  
Zip Code  
**33131**

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

*Michael Walker*

REGISTERED AGENT MUST SIGN

Date **November 11, 1997**

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(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:

*Michael Keister*

**Michael Keister, President**

**November 11, 1997 305/871-1111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25046 (12/96)