## 2005 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEWIENT من المحادث							1.11		
DOCUMENT # P96000098782									
1. Entity Name ATLANTIC FLIGHT GROUP, INC.					05 AUG 10 (11) 47				
			-			. 10:	:	ATT	
Principal Plac		Mailing Address				,		i D.	
2666 HGER STE. 212	TAIL AVENUE	P.O. BOX 52-1296 MIAMI, FL 33152-129	211 30						
MIAMI, FL 33133 US					E 40 B(FB F1 110			1 <b>688</b>   18118   118	
2. Principal Place of Business 3. Mailing Address									
3030 Suite, Apt.	5W 28th JF	3030 SW Suite, Apt. #, etc.	2011	SP	r 10 6 13 6 1 1 1 1 1	(4th Airii Saili Saili Sail			سمهر
		•			08092005	REIN-P	CR2E0	98 (6/04)	00
City & Stat	ami, PV	CHAPMI,	FV		4. FEI Numbe 65-071		/		plied For t Applicable
Zip 33/33 Country A		<sup>Zip</sup> 33133	Coupty	A	5. Certificate	of Status Desired		8.75 Add ee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
ALEXANDER, GARY CPA									
601 N.W. 179TH AVENUE Street Address (I						er is Not Acceptable	<del></del>		
PEMBRO	KE PINES, FL 33029								
			Ci	ity			FL	Zip Code	9
8. The above the obligat	named entity submits this statement fo tions of registered agent.	r the purpose of changing its	registered of	ffice or register	ed agent, or bot	h, in the State of Flo	orida. I am fa	miliar with,	and accept
SIGNATURE_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
						In accordance v	eith c 607 1	103/31/61	
Fii	LE NOW!!! FEE IS \$300.00					corporation did			
10.	OFFICERS AND	DIRECTORS	11,		ADDITIONS/	CHANGES TO OFF	ICERS AND I	DIRECTORS	3 IN 11
TITLE NAME	PTD KEISTER, MICHAEL	☐ Delete	TITLE NAME					☐ Change	Addition
STREET ADDRESS	PO BOX 330525		STREET ADD	DRESS	00/40	100584 70501043	503	61 **308.	71
CITY-ST-ZIP	MIAMI, FL 33233		CITY-ST-Z	tiP	00% 10%	. 0301049.			13
TITLE NAME		☐ Delete	TITLE					☐ Change	☐ Addition
STREET ADDRESS			STREET ADD	DRESS					
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TITLE NAME		Delete	TITLE NAME					☐ Change	Addition A
STREET ADDRESS			STREET ADD						
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STREET ADDRESS CITY-ST-ZIP			STREET ADD	i i					
TITLE		Delete	TITLE			·		Change	☐ Addition
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADD						
12. I hereby	I certify that the information supplied with	this filing does not qualify fo	r the exemption	on stated in Se	ction 119.07(3)(	i), Florida Statutes.	I further certi	ly that the in	 nformation
indicated of the cor	on this report or supplemental report is reportation or the receiver or trustee emportation on an attachment with a section of the section of	strue and accurate and that report	my signature s as required b	shall have the s by Chapter 607	same legal effec ', Florida Statute	t as if made under s; and that my nam	oath; that I ar e appears in	n an officer Block 10 or	or director Block 11 if
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									
SIGNAT	URE: SIGNATURE/AND TYPED OR F	PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR			UOIUI	<u>07 3</u>		11517
L						-7 I	Da		