

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 OCT 18 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P96000098782

ATLANTIC FLIGHT GROUP, INC.

2. Principal Office Address - No P.O. Box #

3030 SW 28th Street

Suite, Apt. #, etc.

3. Mailing Office Address

3030 SW 28th Street

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip
33133

Country

Miami Dade

Zip
FL

Country

Miami Dade

4. Date Incorporated or Qualified
To Do Business in Florida

12/04/1996

5. FBI Number

650714559

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Gary Alexander, CPA

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

601 N.W. 179TH AVENUE

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33029

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Gary Alexander
REGISTERED AGENT MUST SIGN

Date **10/14/07**

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Michael Keister	3030 SW 28th Street	Miami, FL 33133

300110270593
10/18/07--01045--016 **300.00

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 contained in Chapter 119, 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

Michael Keister

Date

10/15/07

Daytime Phone #

305.606.6595

10/22/07