

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 JUN 21 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000057277

1. Corporation Name

ACADEMICS OF FLIGHT INTERNATIONAL, Inc.

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

P.O. Box 660526
5600 NW 36TH ST.

Suite, Apt. #, etc.

245

City & State

MIAMI SPRINGS, FL

Zip

33122

Country

USA

3. Mailing Office Address

P.O. Box 660528

Suite, Apt. #, etc.

City & State

MIAMI SPRINGS, FL

Zip

33206

Country

USA

REINSTATEMENT 1998-07

CR2E081 (1/07)

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/30/1997

5. FEI Number

☒ 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

JAMES W. EICHSON

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

5600 NW 36TH STREET

Suite, Apt. #, Etc.

245

City

MIAMI

State

FL

Zip Code

33122

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 06/18/2007

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>Pres.</u>	<u>JAMES W. EICHSON</u>	<u>60-40 NW 39TH STREET</u>	<u>MIAMI SPRINGS, FL 33166</u>
<u>Secy</u>	<u>RITA M. EICHSON</u>	<u>60-40 NW 39TH STREET</u>	<u>MIAMI SPRINGS, FL 33166</u>
<u>Tras</u>			

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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/14/2007

Date

917669-0711

Daytime Phone #

As per telephone conversation with

J 6/22