## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # P98000053852  1. Corporation Name  SKY'S FLIGHT SCHOOL INC.  2. Princest Office Address SKY'S FLIGHT SCHOOL INC.  3. Mailing Office Andress Size, Apl. #, etc.  3. Suite, Apl. #, etc.  3. Suite, Apl. #, etc.  4. Date Incorporated or Classificial (12/05)  5. Suite, Apl. #, etc.  4. Date Incorporated or Classificial (12/05)  5. Suite, Apl. #, etc.  6. CORAL GABLES, FL  33145  0. SA	CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				FILED 06 JUN -6 PM 3: 25						
2. Principal Office Address 3681 SW 20 CT 3681 SW 20 CT Suite, Apt. #, etc.  3. Melling Office Address 3681 SW 20 CT  Suite, Apt. #, etc.  4. Date Incorporated or Clustified (715/1998) To De Business in Fonds 0/6/15/1998 To De Business in Fonds 0									SECTION OF TALLAHASSI E. FLORIJA						
Suite, Apt. #, etc.  Suite, Apt. #, etc.  CORAL GABLES, FL  CORAL GABLES, FL  CORAL GABLES, FL  Suite, Agt. #, etc.  CORAL GABLES, FL  Suite, Agt. #, etc.  CORAL GABLES, FL  Suite, Agt. #, etc.  Suite, Agt. #, etc.  CORAL GABLES, FL  Suite, Agt. #, etc.  CORAL GABLES  FL  Suite, Agt. #, etc	SKY'S FLIGHT SCHOOL INC.														
CORAL GABLES, FL CORAL GABLES CORAL GA	2. Principal Office Address 3681 SW 20 CT				3. Mailing Office Address 3681 SW 20 CT				CR2E081 (12/05)						
GORAL GABLES, FL CORAL GABLES, FL GORAL GABLES GERHICATE OF STATUS DESIRED SATISFACION OF SCENITICATE OF STATUS DESIRED SATISFACION OF SCENITICATE OF STATUS DESIRED OF SCENITICATE OF SCENITICATE OF SCENITICATE OF STATUS DESIRED OF SCENITICATE	Suite, Apt. #, etc.				Suite, Apt. #, etc.				4. Date Incorporated or Qualified /15/1000						
7. Name and Address of Current Registered Agent  PERNAN ARIAS  3681 sees W 200 be 14 Acceptable)  Suite, Apt. #. Etc.  CORAL GABLES  8. I. being appointed the registered agent whe above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  9. Names and Storel Addresses of Each Officer and/or Director (Fonds nonprofit corporations must list at least 3 directors)  PD HERNAN ARIAS  3681 SW 20 CT  CORAL GABLES, FL 33145  17tiles  Officers and/or Directors  Officers and/or Director	CORAL GABLES, FL										13/13	Appli			
##ERNAN ARIAS  36815W 2000 Pet Acceptable)  Sulle, Apt. #, Etc.  EYORAL GABLES  8. I, being appointed the registered agent and a above named corporation, an familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent Resistered and or Director (Florida nonprofit corporations must list at least 3 directors)  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  PD HERNAN ARIAS  3681 SW 20 CT  CORAL GABLES, FL 33145  10, Loerfly 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 filling this reinstatement application, the reason for dissolution has been eliminated, the corporate names at 607,0401 or 617,0401, F.S., that all less owed by the corporation have been peal and the names of individuals listed on this form on or 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 been sealed and the anames of individuals listed on this form on on 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 cash.  SIGNATURE:  18. It was the compared to the composition have been as and and the names of individuals listed on this form on or qualify or 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 cash.	<sup>2</sup> 3314	33145 ÜSA			33145		ŰŜA		6.		\$8.75 Add for a Ce	itional F	ee required		
Suite, Apt. #, Etc.  CORAL GABLES  State  State  CORAL GABLES  State  State  CORAL GABLES  State  State  State  CORAL GABLES  State  State  CORAL GABLES  State  State  CORAL GABLES  State  State  CORAL GABLES  State  CORAL GABLES  State  Date  D6-02-2006  Registered Agent  Register															
8. I, being appointed the registered agent whe above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Directors Street Address of Each Officer and/or Directors Officer and/or Directors City / State / Zip  PD HERNAN ARIAS 3681 SW 20 CT CORAL GABLES, FL 33145  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 filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401, 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:  10. I denote the registered agent and accurate, and my signature shall have the same legal effect as if made under oath.		Suite, Apt. #, Etc.													
Signature of Registered Agent  REGISTERED AGENT MUST SIGN  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 Officer and/or Director City / State / Zip  PD HERNAN ARIAS 3681 SW 20 CT CORAL GABLES, FL 33145  ### GO   DIPERTINA ARIAS   CORAL GABLES   FL 33145    Coral GABLES   FL 33145   CORAL GABLES   FL 33145		COF	GABLE:			3314	5								
Titles Name of Officers and/or Directors  Street Address of Each Officer and/or Director  City / State / Zip  PD HERNAN ARIAS  3681 SW 20 CT  CORAL GABLES, FL 33145  Coral Ga	Signature of Registered Agent												6		
PD HERNAN ARIAS  3681 SW 20 CT  CORAL GABLES, FL 33145  Objection of the receiver of trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling 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 spilication is true and accurate, and my signature shall have the same legal effect as if made under oath.	9. Names	and Street A	ddresses	of Each Officer and	or Director (Flor	rida nonprof	it corporations	s must list at le	east 3 directors)						
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:  06-02-2006	Titles		Office												
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 filling 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:  06-02-2006	PD	HERNAN ARIAS				3681 SW 20 CT			CORAL GABLES, FL 3314					3145	
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 filling 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:  06-02-2006	:						s or 00 36	ውሞ ሴ ፕሮ	eagea"	3	6	 	/		
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:  06-02-2006											//	<u> </u>			
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:  06-02-2006								<u></u>	06/20	<del>900</del> )/06-	9 <b>763</b> -01062-	<del>958</del> 012	<del>95</del> **90	0.00	
	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.														
	_ [														

## SKY FLIGHT SCHOOL INC.

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

in du

AS PER OUR PHONE CONVERSATION I AM SENDING TO YOU THIS LETTER OF EXPLANATION AND THE UBR FORM ALONG WITH A CHECK TO PROPERLY UPDATE CORPORATION I FURTHER STATE THAT I DID NOT RECEIVE THE NOTICE FOR 2001 UBR FIRST NOR SECOND NOTICE. I WOULD LIKE TO RESOLVE THIS ISSUE, PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

I HAVE A NEW MAILING ADDRESS PLEASE MAKE A NOTE OF IT.

CORDIALLY.

HERNAN ARIAS
PRESIDENT