

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

03 FEB 14 PM 2:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

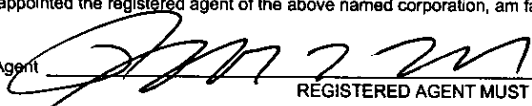
400012570504  
02/14/03--01061--013 \*\*900.00

REINSTATEMENT 02-03

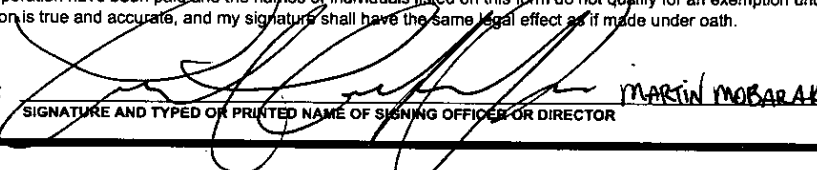
<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> P99000068730			
<b>1. Corporation Name</b>  The Flight Deck Cafe, Inc.			
<b>2. Principal Office Address</b> 3131 Jet Center Terrace Suite, Apt. #, etc.  City & State Fort Pierce, FL Zip Country 34946 USA		<b>3. Mailing Office Address</b>  Suite, Apt. #, etc.  City & State  Zip Country	

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 07/28/99	
<b>5. FEI Number</b> 65-0941806	<b>Applied For</b> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>		
Name Rickey L. Farrell, Attorney at Law, P.A.		
Street Address (P.O. Box Number is Not Acceptable) 1595 SE Port St. Lucie Blvd.		
Suite, Apt. #, Etc.		
City Port St. Lucie	State FL	Zip Code 34952

<b>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.</b>	
Signature of Registered Agent 	Date 1-31-03
REGISTERED AGENT MUST SIGN	

<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D,P	Martin Mobarak	3804 St. Lucie Blvd.	Fort Pierce, FL 34946

<b>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 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.</b>	
<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 1/31/03 772-465-7711 Daytime Phone #

CR2E081 (10/02)