

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.
FILED

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P99000068730		
1. Corporation Name The Flight Deck Cafe, Inc.		

03 FEB 14 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4000012570504
02/14/03--01061--013 **900.00

2. Principal Office Address 3131 Jet Center Terrace		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Fort Pierce, FL		City & State	
Zip 34946	Country USA	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 07/28/99			
5. FEI Number 65-0941806			
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			

7. Name and Address of Current Registered Agent

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

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

JM 2/21

Date 1-31-03

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
D,P	Martin Mobarak	3804 St. Lucie Blvd.	Fort Pierce, FL 34946

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTIN MOBARAK

Date

1/31/03 772-465-7711

Daytime Phone #

CR2E081 (10/02)