

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 JUL 29 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

899000085224

FLIGHT DESIGN INCORPORATED

2. Principal Office Address

790 New Hampton Way

Suite, Apt. #, etc.

City & State

Merritt Island

Zip

32952

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

09/1999

5. FEI Number

593615772

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

JEFFREY A. BENDER

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

Suite, Apt. #, Etc.

106 N. Somerset Court.

City

SANFORD

State

FL

Zip Code

32773

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

JEFFREY A. BENDER

REGISTERED AGENT MUST SIGN

Date

24-JULY-2002

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 |
|---------|--------------------------------------|---|----------------------|
| Pres. | JEFFREY A. BENDER | 106 N. Somerset Ct. Street | SANFORD, FL 32773 |
| V.Pres. | TRAVIS ZINGER | 790 New Hampton Way | Merritt Island 32952 |
| | JEFFREY A. BENDER | | |
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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 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:

JEFFREY A. BENDER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24-JULY-2002

Date

Cell #
864-325-3597
Daytime Phone #

CR2E081 (9/01)

7/28/02