

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

2007 OCT -4 PM 3:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400109563044  
09/18/07--01014--021 \*\*1650.00

REINSTATEMENT

CR2E081 (1/07)

01-07

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V54187

1. Corporation Name

FLIGHT SCIENCES INCORPORATED

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

1187 COAST VILLAGE RD

Suite, Apt. #, etc.

SUITE 1-516

City & State

SANTA BARBARA, CA

Zip

93108

Country

3. Mailing Office Address

6108 26th St. W.

Suite, Apt. #, etc

#2

City & State

BRADENTON, FL

Zip

84207

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

07/30/1992

5. FEI Number

65-0349019

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

SAUL PASTER

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

6108 26th STREET WEST

Suite, Apt. #, Etc

2 SUITE 2

City

BRADENTON

State

FL

Zip Code

34207



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

REGISTERED AGENT MUST SIGN

Date

10-1-07

**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
P	ROBERT E. CALLAHAN	1187 COAST VILLAGE RD 1-516	SANTA BARBARA, CA

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 AUG 2007

Date

805-565-0995

Daytime Phone #

10/8aw

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STATE OF California  
COUNTY OF Santa Barbara

AFFIDAVIT

Before me personally appeared ROBERT E. CALLAHAN who after being duly sworn, deposes and says:

1. The affiant is ROBERT E. CALLAHAN, who is over the age of eighteen and has given this affidavit of his own knowledge and belief.
2. ROBERT E. CALLAHAN, the undersigned, is the president of Flight Sciences, Incorporated, a corporation that was originally filed in the State of Florida on July 30, 1992, document number V54187, and administratively dissolved on September 25, 2001.
3. ROBERT E. CALLAHAN, the undersigned, is also the president of Flight Sciences, Inc. A Florida corporation which was filed November 7, 2006, document number 206000140992.
4. It is the intention of ROBERT E. CALLAHAN that Flight Sciences, Inc. shall be dissolved and that at no time will be reinstated, and it is further the intention of ROBERT E. CALLAHAN that Flight Science, Incorporated shall be reinstated.
5. ROBERT E. CALLAHAN as president of Flight Sciences, Inc., represents that he has the full power and authority to dissolve Flight Sciences, Inc. and make all representations as set forth herein.

FURTHER THE AFFIANT SAYETH NOT:

[Signature]  
Witness print: TRIS CALLAHAN

[Signature]  
ROBERT E. CALLAHAN

Witness print: \_\_\_\_\_

STATE OF California  
COUNTY OF Santa Barbara

The foregoing instrument was acknowledged before me on Sept. 4 2007, by ROBERT E. CALLAHAN, Who is ☐ personally known to me or ☒ who has produced CA Drivers License (type of identification).

[Signature]  
Notary Public

