

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION  
REINSTATEMENT**



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

**FILED**

01 JAN 16 PM 2:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600003576956--5  
-01/26/01--01071--023  
\*\*\*\*750.00 \*\*\*\*750.00

DOCUMENT # *F95000002420*

**1. Corporation Name**

*Keystone Helicopter Corporation*

*W-2864*

**2. Principal Office Address**

*1430 Phoenixville Pike*

Suite, Apt. #, etc.

**3. Mailing Office Address**

*1430 Phoenixville Pike*

Suite, Apt. #, etc.

**City & State**

*West Chester, PA*

Zip

Country

*19380 USA*

**City & State**

*West Chester, PA*

Zip

Country

*19380*

*USA*

**4. Date Incorporated or Qualified  
To Do Business in Florida**

*5/17/95*

**5. FEI Number**

*23-1596550*

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

*CT Corporation System*

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

*1200 S. Pine Island Rd.*

Suite, Apt. #, Etc.

City

*Plantation*

State

*FL*

Zip Code

*33324*

**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

*Mary Alice Rogers*

REGISTERED AGENT MUST SIGN

**MARY ALICE ROGERS**  
Assistant Vice President

Date

*11/20/00*

**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
	<i>see attached</i>		
			<b>LS</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.**

SIGNATURE:

*Peter Wright, Jr.*

*Peter Wright, Jr. - Pres.*

*11/15/00*

Date

*610-883-4620*

Daytime Phone #

CR2E081 (9/99)

202

KEYSTONE HELICOPTER CORPORATION

DIRECTORS AND OFFICERS

Peter Wright  
59 Pasture Lane  
Bryn Mawr, PA 19010  
610-527-8829

Chairman  
S. S. # 173-16-0374  
Term Expires: 09/30/01

Peter Wright, Jr.  
5 Chelsea Court  
Glen-Mills, PA 19342  
610-399-0986

President, Treasurer, & C.E.O.  
Director  
S. S. # 210-34-2615  
Term Expires: 09/30/01

Timothy P. Wright  
904 Birchrun Road  
Chester Springs, PA 19425  
610-469-1231

Vice President & Secretary  
Director  
S. S. # 186-42-7934  
Term Expires: 09/30/01

Michael S. D'Aries  
171 Sylvan Drive  
Pottstown, PA 19465  
610-495-5509

Vice President  
S. S. # 144-28-3137  
Term Expires: 09/30/01

David A. Ford  
877 Skyline Drive  
Gap, PA 17527  
717-442-8897

Vice President  
S. S. # 253-84-5983  
Term Expires: 09/30/01

Frederick R. Hinkle  
22 Windle Court  
Coatesville, PA 19320  
610-466-7555

Vice President  
S. S. # 164-42-7613  
Term Expires: 09/30/01

John H. Loney  
260 S. Vintage Road  
Paradise, PA 17562  
717-442-8727

Vice President  
S. S. # 202-38-7359  
Term Expires: 09/30/01