## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| REINSTATEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                                 |                 | ORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations |                               |                                                 | 10 MAR 25 PM 2: 56  SECRETARY OF STATE TALLAHASSEE, FLORETA                   |                                                                           |                                                                                                                                                                                                               |   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|-----------------|-----------------------------------------------------------------------|-------------------------------|-------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--|
| DOCUMENT #F9500002420  1. Corporation Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |                                 |                 |                                                                       |                               |                                                 |                                                                               |                                                                           | TALLAUNG                                                                                                                                                                                                      |   |  |
| Keystone Helicopter Corporation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                 |                 |                                                                       |                               |                                                 | REINSTATEMENT                                                                 |                                                                           |                                                                                                                                                                                                               |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                 |                 | Office Address<br>Itewart Huston Drive                                |                               |                                                 | 500173151235<br>03/25/1001037014 **450.00<br>cr2E081 (11/09)                  |                                                                           |                                                                                                                                                                                                               |   |  |
| Suite, Apt. #, etc. Suite, Apt. #,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      |                                 |                 |                                                                       | etc.                          |                                                 |                                                                               | Date Incorporated or Qualified     To Do Business in Florida July 6, 1961 |                                                                                                                                                                                                               |   |  |
| City & State City & State Coatesville, PA Coatesvil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                 |                 | e, PA                                                                 |                               |                                                 | 5. FEI Number         Applied For           23-1596550         Not Applicable |                                                                           |                                                                                                                                                                                                               |   |  |
| Zip<br>19320                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Country<br>USA                       |                                 | Zip<br>19320    |                                                                       | USA                           | •                                               | 6.<br>CERTIFICATE OF STA                                                      |                                                                           | OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status                                                                                                                                   | ļ |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                 |                 |                                                                       | circun<br>the pare c<br>are c |                                                 |                                                                               | cum:<br>e pri<br>e ce<br>ceive                                            | einstatement fee is imposed, except in instances which the entity did not receive rior notices. By checking this box, you ertifying the prior notices were not yed and requesting the reinstatement a waived. |   |  |
| 8. I, being<br>Signature of<br>Registered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | of C                                 | Comeres                         | ove named corpo | Roi<br>Vi                                                             | nnie 8<br>kee Pr              | with and accept the o<br>pruill, Jr.<br>esident | bligations of                                                                 | f section                                                                 | Date 3 15 10                                                                                                                                                                                                  |   |  |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at lea                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |                                 |                 |                                                                       |                               |                                                 |                                                                               | ors)                                                                      |                                                                                                                                                                                                               | ı |  |
| Titles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Name of<br>Officers and/or Directors |                                 |                 | Street Address of Each<br>Officer and/or Director                     |                               |                                                 |                                                                               |                                                                           | City / State / Zip                                                                                                                                                                                            |   |  |
| D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Shane Ed                             | 110 East Stewart Huston Drive   |                 |                                                                       | e                             |                                                 | Coatesville, PA 19320                                                         |                                                                           |                                                                                                                                                                                                               |   |  |
| S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Christoph                            | 6900 Main Street, P.O. Box 9729 |                 |                                                                       | 29                            |                                                 | Stratford, CT 06615                                                           |                                                                           |                                                                                                                                                                                                               |   |  |
| coo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Jason Lan                            | 110 East Stewart Huston Drive   |                 |                                                                       | ;<br>                         |                                                 | Coatesville, PA 19320                                                         |                                                                           |                                                                                                                                                                                                               |   |  |
| CFO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Jenny Shi                            | 110 East Stewart Huston Drive   |                 |                                                                       | ·                             |                                                 | Coatesville, PA 19320                                                         |                                                                           |                                                                                                                                                                                                               |   |  |
| Т                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Travis Pet                           | 110 East Stewart Huston Drive   |                 |                                                                       | e                             |                                                 | Coatesville, PA 19320                                                         |                                                                           |                                                                                                                                                                                                               |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                 |                 |                                                                       |                               |                                                 |                                                                               |                                                                           | C3/26                                                                                                                                                                                                         |   |  |
| <sup>10.</sup> E-ma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ii Addres                            | s: Frank.Fahr@siko              | skyglobal.co    |                                                                       | e used f                      | or future annual report                         | notification)                                                                 |                                                                           |                                                                                                                                                                                                               |   |  |
| 1). 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. Lifurther certify, 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  Date  Detail Destine Phone #                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                                 |                 |                                                                       |                               |                                                 |                                                                               |                                                                           |                                                                                                                                                                                                               |   |  |