

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 JUN 12 PM 5:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *F95000002420*

1. Corporation Name

*Keystone Helicopter Corporation*

000021295750  
07/03/03--01018--024 \*\*750.00

000021295750  
07/03/03--01018--023 \*\*158.75

2. Principal Office Address

*1420 Phoenixville Pike*

Suite, Apt. #, etc.

3. Mailing Office Address

*1420 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

*5/11/95*

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*

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

*1200 S. Pine Island Road*

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 acknowledge the provisions of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

*Vicki Ann Owens*  
Special Assistant Secretary

Date

*6/11/03*

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          |
|-----------|-----------------------------------|--|-----------------------------|
| <i>C</i>  | <i>Stephen D. Townes</i>          | <i>143 Ladderback Lane</i>                     | <i>Devon, PA 19333</i>      |
| <i>P</i>  | <i>Peter Wright, Jr.</i>          | <i>5 Chelsea Court</i>                         | <i>Glen Mills, PA 19342</i> |
| <i>ST</i> | <i>Stephen J. Gambone</i>         | <i>2496 Hillendale Drive</i>                   | <i>Norristown, PA 19403</i> |
|           |                                   |  |                             |
|           |                                   |  |                             |

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]*

*Peter Wright, Jr.*

Date

*6/10/03*

Daytime Phone #

*610-883-4620*