PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 1997-08

DOCUMENT # F96000003883

FILED
08 FEB 13 PM 2:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E081 (1/07)

1. Corporation Name

Flight Services Group, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
700 Great Meadow Road	700 Great Meadow Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Stratford, Connecticut	City & State: Stratford, Connecticut
Zip: 06615 Country: USA	Zip: 06615 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 7/31/96

5. FEI Number: 06-1130158 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $6.75 Additional Fee(s) 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 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

☐ 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: Diane Stout Diane Stout, Asst. Secretary Date: 2-12-08
REGISTERED AGENT MUST SIGN

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/T/D	George Antoniadis	700 Great Meadow Road	Stratford/Connecticut/06615
S/D	Gary Arbor	700 Great Meadow Road	Stratford/Connecticut/06615
D	Gregory Thomas	700 Great Meadow Road	Stratford/Connecticut/06615

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] 2-5-2008 603 206 2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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2/13

Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT

FLIGHT SERVICES GROUP, INC.

Certificate of Status	0
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