

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Dec 03, 2003 8:00 A.M
Secretary of State

DOCUMENT # **PO00000043446**

1. Corporation Name

American Helicopter Support

600024705446

11/14/03 - 01042 - 001 - 150.00

2. Principal Office Address

2678 West Ave

Suite, Apt. #, etc.

3. Mailing Office Address

2678 West Ave

Suite, Apt. #, etc.

REINSTATEMENT 03

City & State

Miami FL

City & State

Miami FL

Zip

33172

Country

USA

Zip

33172

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FFD Number

05-073201

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

John Pinto

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

11343 NW 6551

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33178

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

[Handwritten Signature]

Date

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	Cherelia Pinto	11343 NW 6551	Miami, FL / 33178
VP	John Pinto	11343 NW 6551	Miami, FL / 33178

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)(f), 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

[Handwritten Signature]

John Pinto

11/26/03

(305) 740 2631

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)



Reference: P00000043446

November 6, 2003

To Whom It May Concern:

Our records indicated that the 2003 for profit corporation uniform business report (URB) was never received, I contact your office on Tuesday the 4th of November and they told me to write you a letter and send a check of \$150.00 to be reinstatement.

Claudia Pinto

Claudia Pinto
President