

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT -3 AM 8:41

DOCUMENT # *00000045683*

1. Corporation Name

Treasure Coast Helicopter Service, Inc.

**REINSTATEMENT**

*01-03*

~~10703/03--01033--002 \*\*1050.00~~

500023542105  
10/03/03--01033--002 \*\*1050.00

2. Principal Office Address

443 Crawfish Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

443 Crawfish Dr.

Suite, Apt. #, etc.

City & State

Port St. Lucie, FL

City & State

Port St. Lucie, FL

Zip

34953

Country

USA

Zip

34953

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

05/08/2000

5. FEI Number

*65-1011140*

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

William C. McIntyre

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

3501 SW Corporate Pkwy

Suite, Apt. #, Etc.

City

Palm City

State

FL

Zip Code

34990

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 10/1/2003

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       |
|--------|-----------------------------------|--|--------------------------|
| PSTD   | Carmine DiPaolo                   | 443 Crawfish Dr.                               | Port St. Lucie, FL 34953 |
|        |                                   |  |                          |
|        |                                   |  |                          |
|        |                                   |  |                          |
|        |                                   |  |                          |
|        |                                   |  |                          |

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]* President

10/1/03

772-201-6323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

*10/17/03*