

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY 27 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #F01000002455

1. Corporation Name

AVIATION MANAGEMENT SERVICES OF ORLANDO, INC.

2. Principal Office Address

215 MAXWELL DRIVE

Suite, Apt. #, etc.

City & State

PITTSBURGH, PA

Zip

Country

15236

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/07/01

5. FEI Number

25-1783038

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301-2525

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

Cynthia L. Harris
REGISTERED AGENT MUST SIGN

Cynthia L. Harris
as its agent

Date

5/27/05

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
PRES.	RICHARD M. RYAN	215 MAXWELL DRIVE	PITTSBURGH, PA 15236
			900055405979

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:

Richard M. Ryan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

5/26/05

Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 397507 7393339

AUTHORIZATION : Patricia Pizute

COST LIMIT : \$ 1058.75

ORDER DATE : May 27, 2005

ORDER TIME : 12:17 PM

ORDER NO. : 397507-005

CUSTOMER NO: 7393339

CUSTOMER: Mr. Philip H. Joyce
Satira Associates, P.c.
Suite 300
801 Bingham Street
Pittsburgh, PA 15203

REINSTATEMENT

NAME: AVIATION MANAGEMENT SERVICES
OF ORLANDO, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS _____

RECEIVED
05 MAY 27 PM 12:41
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2052