Division of Corporations

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
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CORPORATION REINSTATEMENT
CITY AVIATION SERVICES, INC.

Certificate of Status	0
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Page Count	02
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 2013-2014

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000001613

1. Corporation Name

CITY AVIATION SERVICES, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3400 EAST LAFAYETTE	SAME AS #2
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DETROIT MI	City & State:
Zip: 48207 County: USA	Zip: County:

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business In Florida: MARCH 30, 1994

5. FEI Number: 38-3036303 (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 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

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: Rebecca Barth Date: 3/31/2014

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
PD	MICHAEL L. PIESKO	3400 E. LAFAYETTE	DETROIT MI 48207
S	BRYANT M. FRANK	3400 E. LAFAYETTE	DETROIT MI 48207
TD	RICHARD T. BROCKHAUS	3400 E. LAFAYETTE	DETROIT MI 48207
D	YALE LEVIN	3400 E. LAFAYETTE	DETROIT MI 48207

10. E-mail Address: michele.walker@soave.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] Secretary 3/31/14 313-587-7000

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #