

2052

Division of Corporations

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Florida Department of State
Division of Corporations
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Phone : (850) 222-1092
Fax Number : (850) 878-5368

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**CORPORATION REINSTATEMENT
CITY AVIATION SERVICES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$900.00

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Corporate Filing Menu

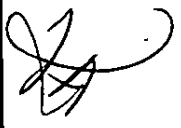
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 # 3400 EAST LAFAYETTE Suite, Apt. #, etc.		3. Mailing Office Address SAME AS #2 Suite, Apt. #, etc.		CR2E081 (11/10)																													
City & State DETROIT MI Zip Country 48207 USA		City & State Zip Country 		4. Date Incorporated or Qualified To Do Business in Florida MARCH 30, 1994 5. FET Number 38-3036303 6. CERTIFICATE OF STATUS DESIRED <table border="1"> <tr> <td>Applied For</td> <td>Not Applicable</td> </tr> </table>		Applied For	Not Applicable																										
Applied For	Not Applicable																																
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 State Zip Code PLANTATION FL 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 <u>Rebecca Barth</u> Date <u>3/31/2014</u> REGISTERED AGENT MUST SIGN																													
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1"> <thead> <tr> <th>Titles</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>PD</td> <td>MICHAEL L. PIESKO</td> <td>3400 E. LAFAYETTE</td> <td>DETROIT MI 48207</td> </tr> <tr> <td>S</td> <td>BRYANT M. FRANK</td> <td>3400 E. LAFAYETTE</td> <td>DETROIT MI 48207</td> </tr> <tr> <td>TD</td> <td>RICHARD T. BROCKHAUS</td> <td>3400 E. LAFAYETTE</td> <td>DETROIT MI 48207</td> </tr> <tr> <td>D</td> <td>YALE LEVIN</td> <td>3400 E. LAFAYETTE</td> <td>DETROIT MI 48207</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						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								
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D	YALE LEVIN	3400 E. LAFAYETTE	DETROIT MI 48207																														
10. E-mail Address: <u>michele.walker@soave.com</u> (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. 617.155, F.S. SIGNATURE: <u>[Signature]</u> Secretary <u>3/31/14</u> 313-577-7000 SIGNATURE AND TITLE OF OFFICER OR DIRECTOR Date Daytime Phone #																																	