


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Pg 182

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b>
		<b>Secretary of State</b>
<b>DIVISION OF CORPORATIONS</b>		
WDS000055121		

FILED  
05 DEC 22 PM 1:37  
TALLAHASSEE, FLORIDA

DOCUMENT # L03917

1. Corporation Name

SkyKnight Air Services, Inc.

REINSTATEMENT 03-05

T. Roberts DEC. 9 2005  
CR2ED81 (8/05)

<b>2. Principal Office Address</b> 1208 Seminole Drive Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 1208 Seminole Drive Suite, Apt. #, etc.	
City & State Ft. Lauderdale, Florida		City & State Ft. Lauderdale, Florida	
Zip 33304	Country USA	Zip 33304	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 07/24/89

5. FEI Number  
65-0136677

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  
Business Filings Incorporated  
Street Address (P.O. Box Number is Not Acceptable)  
1203 Governors Square Blvd. #101  
Suite, Apt. #, Etc.  
City  
Tallahassee  
State  
FL  
Zip Code  
32301-2960

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 Mary Jo Spalinger - Mary Jo Spalinger, Asst. Sec. Date 12-8-05  
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
President	Brian Kilcullen	1208 Seminole Drive	Ft. Lauderdale, FL. 33304

800062126438  
12/13/05--01054--008 \*458 75

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:

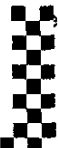
  
BRIAN KILCULLEN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-7-05

Date

954.772.0200

Daytime Phone #



c 22 05 11:41a

(954) 772-6996

p.1

pg 2872

December 22, 2005

FLORIDA DEPARTMENT OF STATE

Division of Corporations

PO Box 6327

Tallahassee, FL 32314

Tel: 850.245.6059

Fax: 850.245.6017

Attn: Tina Roberts - Document Specialist

Ref: SkyKnight Air Services, Inc. (L03917)

Ms. Roberts,

I am not in receipt of the original/second notice annual reports from 2003 thru 2005, referenced in your letter of December 15, 2005.

Sincerely,

Brian Kilcullen, President

1208 Seminole Drive

Ft. Lauderdale, FL 33304

[SkyKnight@att.net](mailto:SkyKnight@att.net)

Tel: 954.772.0200

Fax: 954.772.6996