

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000039364

**FILED**  
**Oct 08, 2007**  
**Secretary of State**

**Entity Name:** HELICOPTER FLIGHT SERVICES, LLC

**Current Principal Place of Business:**

443 S.W. CRAWFISH DRIVE  
PORT ST. LUCIE, FL 34953 US

**New Principal Place of Business:**

**Current Mailing Address:**

443 S.W. CRAWFISH DRIVE  
PORT ST. LUCIE, FL 34953 US

**New Mailing Address:**

FEI Number: 20-4459240      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MCCLUSKEY, MICHAEL J  
1100 S. FEDERAL HIGHWAY  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MICHAEL J MCCLUSKEY

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: CEO ( ) Delete  
Name: DIPAOLO, CARMINE  
Address: 443 SW CRAWFISH DRIVE  
City-St-Zip: PORT ST LUCIE, FL 34953 76

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CARMINE DIPAOLO

CEO

10/08/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date