2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 03, 2006
Secretary of State

DOCUMENT# L05000049181

Entity Name: SKYLINE HELICOPTERS, LLC

Current Principal Place of Business:

1120 EAST OLEANDER STREET
LAKELAND, FL 33801 US

New Principal Place of Business:

4661 JOHNSON ROAD
SUITE 14
COCONUT CREEK, FL 33073 US

Current Mailing Address:

1120 EAST OLEANDER STREET
LAKELAND, FL 33801 US

New Mailing Address:

4661 JOHNSON ROAD
SUITE 14
COCONUT CREEK, FL 33073 US

FEI Number: 20-2854731 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

AIRTH, HAL A JR.
500 SOUTH FLORIDA AVENUE
SUITE 800
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

LANG, TIMOTHY J
4661 JOHNSON ROAD
SUITE 14
COCONUT CREEK, FL 33073 US

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: TIMOTHY J. LANG 11/03/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MORGAN, TIMOTHY I
Address: 1120 EAST OLEANDER STREET
City-St-Zip: LAKELAND, FL 33801 US

ADDITIONS/CHANGES:

Title: PRS (X) Change ( ) Addition
Name: LANG, TIMOTHY J
Address: 4661 JOHNSON ROAD, SUITE 14
City-St-Zip: COCONUT CREEK, FL 33073 US

I hereby certify that the information supplied with this filing does not qualify for the 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: TIMOTHY J. LANG PRS 11/03/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date