

2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000090133

Entity Name: H T HELICOPTER, LLC

FILED
Apr 08, 2010
Secretary of State

Current Principal Place of Business:

C/O 2605 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

New Principal Place of Business:

C/O ONE E. BROWARD BOULEVARD
SUITE 1410
FORT LAUDERDALE, FL 33301 US

Current Mailing Address:

C/O 2605 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

New Mailing Address:

C/O 1410 E. BROWARD BOULEVARD
SUITE 1410
FORT LAUDERDALE, FL 33301 US

FEI Number: FEI Number Applied For (X) 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:

TRESCOTT, DRUCKER & SCHOEN, P.L.
2605 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

A C DOUBLE P CORPORATE SERVICES, INC.
ONE E. BROWARD BOULEVARD
SUITE 1410
FORT LAUDERDALE, FL 33301 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: WILLIAM C. PHILLIPPI, PRESIDENT

04/08/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: BHAGWANSINGH, HELEN
Address: C/O SUITE 1410, ONE E. BROWARD BOULEVARD
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGR
Name: BHAGWANSINGH, TREVOR
Address: C/O SUITE 1410 ONE E. BROWARD BOULEVARD
City-St-Zip: FORT LAUDERDALE, FL 33301 US

I hereby 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: HELEN BHAGWANSINGH

MGRM

04/08/2010

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