PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
98 JUN -9 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L29189

1. Corporation Name
BETTENCOURT AVIATION INC
7750 PINES BLVD
HOLLYWOOD FL 33024

Mailing Address | Principal Place of Business

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable
3001 NW 35 AVE
Suite, Apt #, etc. A112
City & State LAUDERDALES FLORIDA
Zip 33311 Country U.S.A

3. New Principal Office Address, If Applicable
3001 NW 35 AV
Suite, Apt. #, etc. A112
City & State Lauderdales, FL
Zip 33311 Country U.S.A

4. Date Incorporated or Qualified To Do Business in Florida 6-02-1998

5. FEI Number 65-0156447 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	BHURIE, DOCLARIE	7750 PINES BLVD HOLLYWOOD FL33024	
VP	BETTENCOURT, DAVID	7750 PINES BLVD HOLLYWOOD FL 33024	
			000002561300--1 -06/16/98--01094--003 ****900.00 ****900.00
		T.S. 97-98	6/11

REINSTATEMENT

8. Name and Address of Current Registered Agent
ENOS I. COZIER
5011 NW 16 CT
LAUDERHILL FL 33313

9. Name and Address of New Registered Agent
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent [signature] REGISTERED AGENT MUST SIGN Date 6/02/98

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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] DAVID BETTENCOURT

CR2E040 (6-94)