

PLEASE READ ALL INSTRUCTIONS BEFORE CO

APPROVED
AND
FILED

05 MAR 21 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L29189

1. Corporation Name
Bettencourt Aviation, Inc.

REINSTATEMENT 99-05
MRD

2. Principal Office Address 9311 N New River Rd Suite, Apt. #, etc.		3. Mailing Office Address 9311 N New River Rd. Suite, Apt. #, etc.	
City & State Plantation FL		City & State Plantation FL	
Zip 33324	Country USA	Zip 33324	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 11/8/1989	
5. FEI Number 650156447	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name David Bettencourt			
Street Address (P.O. Box Number is Not Acceptable) 9311 N New River Road			
Suite, Apt. #, Etc.			
City Plantation		State FL	Zip Code 33324

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04/05/05-01092-002 ***160.00

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: *David Bettencourt* Date: _____

DAVID BETTENCOURT 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
P	Lielawattie Ford	9311 N New River Canal Rd	Plantation FL 33324
VP	David Bettencourt	9311 N New River Canal Rd	Plantation FL 33324
S/T	Doolarie Bhurie	9311 N New River Canal Rd	Plantation FL 33324

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)(i), 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: *David Bettencourt* Date: 1-16-05 Daytime Phone #: 9547091522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: DAVID BETTENCOURT

CR2E061 (01/04)