

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

13 JAN -4 AM 8:50

DOCUMENT # M13000003122

1. Limited Liability Company's Name

Helifleet 2013-01, LLC

800307466578

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 181 Bay Street Suite 2830 Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State Toronto, ON		City & State	
Zip M5J 2T3	Country Canada	Zip	Country

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 05/03/2013	
6. FEI Number 32-0409479	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable) Suite,

1201 Hays St.

Apt. #, Etc.

City Tallahassee	State FL	Zip Code 32301
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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Lydia Cohen
Asst. Vice President

1/4/18

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
mgrm	Path Air, L.L.C.	10 Riverview Drive	Danbury, CT 06810

11. E-mail Address

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member /s/ Loreto Grimaldi Date 1/4/2018 Daytime Phone # _____

Typed or printed name of signing authorized representative/member Loreto Grimaldi