

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000001704

FILED
Sep 25, 2007
Secretary of State

Entity Name: SKY DREAMS HELICOPTER ACADEMY, INC.

Current Principal Place of Business:

31764 VULCAN CIRCLE
ZEPHYRHILLS, FL 33541

New Principal Place of Business:

31348 SPOONFLOWER WAY
BROOKSVILLE, FL 34602

Current Mailing Address:

31764 VULCAN CIRCLE
ZEPHYRHILLS, FL 33541

New Mailing Address:

31348 SPOONFLOWER WAY
BROOKSVILLE, FL 34602

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 corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BAKER, PETER
500 EAST KENNEDY
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

CARVER, ESQ, JOHN
112 NORTH JUMPER DRIVE
BUSHNELL, FL 33513 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: JOHN CARVER, ESQ.

09/25/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PETERSON, DAVID
Address: 31348 SPOONFLOWER WAY
City-St-Zip: BROOKSVILLE, FL 34602

Title: VP () Delete
Name: BALINSKI, JUSTIN
Address: 31746 VULCAN CIRCLE
City-St-Zip: ZEPHYRHILLS, FL 33541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S/T (X) Change () Addition
Name: PETERSON, DEIDRA
Address: 31348 SPOONFLOWER WAY
City-St-Zip: BROOKSVILLE, FL 34602

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID PETERSON

PRES

09/25/2007

Electronic Signature of Signing Officer or Director

Date