PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				LORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				13 MAR - 1 PH 12: 07				
DOCUMENT # N97000000728 1. Corporation Name MERCY AIR INTERNATIONAL, INC.								TALLALAS, LE, LERIDA				
	Il Office Address - No		3. Mailing O			L, II'	.					
209 E	209 B	Brom Bones Lane				CR2E081 (11/10)						
City & State	City & State					Date Incorporated or Qualified To Do Business in Florida 02/06/1997						
_ong	wood, Fl	Longwood, FL				5. FEI Number 5934303	nber Applied For					
^{z₀} 32750	\··/		32750		US	•		6. CERTIFICATE OF STATUS DESIRED		\$8.75 Additional Fee required for a Certificate of Status		
7 Name and Address of Current Registered Agent												
Richard E. Orr Street Address (P.O. Box Number is Not Acceptable) 209 Brom Bones Lane Stiffe, Apt #, Etc								·	در سرسد در درست وسود	n, wang sasap	u	
Longwood State 32						32750)	000245267740 03/01/1301029022 **1067.501				
1. being appointed the registered agent of the above named corporation, am familiar with and accept the ob- Signature of Registered Agent REGISTERED AGENT MUST SIGN								igations of secti	on 607 0505 or 617 0503,	F.S	3	
9 Names	and Street Addresse	s of Each Officer and	/or Director (Fig	rida nonpro	fit corpo	orations mus	flist at lea	st 3 directors)				
Titles	Office		Street Address of Each Officer and/or Director					City / S	state / Zip			
P/D	Roland Silen			3206 South Hopkins Avenue				e Suite 39	Titusville,	FL	32780	
VP/T/S/D	Richard E. Orr			209 Brom Bones			ones	Lane	Longwood	, FL	32750	
D	David McGregor			449	Twi	sting	Pine	Circle	Longwood	<u>, FL</u>	32779	
		<u>-</u>							S. HA	WKE	S	
	REINSTAT				I A ATTOR TO				MAR - 2013			
	REINSTATEMENT								EXAMINED			
^{0.} E-mai	l Address <u>: Info@</u>	@mercyairinternat	ional.com	(To h	e used f	or future anni	ual report n	otification)				
reinstate	ment application, the rithe corporation have I inder oath I am away	eason for dissolution been paid. I further of that false information	has been elimi ertify, the inform	powered to nated, the c ation indica i document	execute orporate ted on the to the D	e this applica e name satisf his application epartment of	tion as pro fies the rec in is true a f State con	ivided for in char juirements of se nd accurate, and stitutes a third d	oter 507 or 617 FS I further ce ction 607 0401 or 617 0401 d my signature shall have the egree felony as provided for 2/25/13	I, F.S., and ne same leg or in s 817. 407-435-	that all fees gal effect as 155, F.S	