

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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APPROVED  
AND  
FILED

01 DEC -7 PM 4:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000008064

1. Corporation Name

NIGHTINGALE AVIATION TECHNICAL SUPPORT,  
INC.

2. Principal Office Address

14501 GENERAL HWY, DRIVE

Suite, Apt. #, etc. AIRPORT  
ST. PETE/CLEARWATER

City & State  
CLEARWATER, FL

Zip

33762

Country

USA

3. Mailing Office Address

3445 ADRIAN AVENUE

Suite, Apt. #, etc.

City & State

LARGO, FL

Zip

33774

Country

USA

2001 UBR

4. Date Incorporated or Qualified  
To Do Business in Florida

1/18/2000

5. FEI Number

59-3618189

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Henry J. Nightingale

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

3445 Adrian Avenue

Suite, Apt. #, Etc.

City

Largo

State  
FL

Zip Code

33774

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

REGISTERED AGENT MUST SIGN

Date 12/5/01

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
Pres.	Henry J. Nightingale	3445 Adrian Avenue	Largo, FL 33774

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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:

Henry J. Nightingale

727-507-8371

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**NIGHTINGALE AVIATION  
TECHNICAL SUPPORT, INC.**

3445 Adrian Avenue  
Largo, Florida 33774  
PH: 727-507-8371  
FX: 727-507-8378

December 6, 2001

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS.  
P.O. Box 6250  
Tallahassee, FL 32314

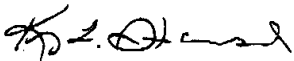
To Whom It May Concern:

We never received our Annual Report and as a result we are filing a Corporation Reinstatement. We spoke with one of your Representatives who informed us the filing fee would be \$ 150.00.

If you have any questions we can be reached at the number above and 727-409-5405.

Sincerely,

NIGHTINGALE AVIAITION TECHNICAL SUPPORT, INC.



Kelly L. Stansel  
Administrator