

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**Dec 03, 2003 8:00 A.M.**  
**Secretary of State**

DOCUMENT # **P000000043446**

1. Corporation Name

**American Helicopter Support**

**600024705446**

**11/14/03 - 01042 - 001 : 150.00**

2. Principal Office Address

**2678 West Ave**

Suite, Apt. #, etc.

3. Mailing Office Address

**2678 West Ave**

Suite, Apt. #, etc.

City & State

**Miami FL**

City & State

**Miami FL**

Zip

**33172**

Country

**USA**

Zip

**33172**

Country

**USA**

**REINSTATEMENT 03**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FID Number

**05-073201**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

**John Pinto**

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

**11343 NW 65 St**

Suite, Apt. #, Etc.

City

**Miami**

State

**FL**

Zip Code

**33178**

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

*[Signature]*

Date

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	Charles Pinto	11343 NW 65 St	Miami, FL / 33178
VP	John Pinto	11343 NW 65 St	Miami, FL / 33178

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)(f), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* **John Pinto**

**11/26/03**

Date

Daytime Phone #

**(305) 740 2681**

CR2E081 (10/02)



Reference: P00000043446

November 6, 2003

To Whom It May Concern:

Our records indicated that the 2003 for profit corporation uniform business report (URB) was never received, I contact your office on Tuesday the 4th of November and they told me to write you a letter and send a check of \$150.00 to be reinstatement.

*Claudia Pinto*

Claudia Pinto  
President