

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 12 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000116310

1. Corporation Name

AEROSOURCE, INC.

Principal Place of Business

8177 E BAY BLVD  
NAVARRE FL 32566

Mailing Address

8177 E BAY BLVD PO BOX 5033  
NAVARRE FL 32566



REINSTATEMENT 02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.  
8403 East Bay Blvd

City & State  
Navarre FL

Zip Country  
32566 US

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.  
PO Box 5033

City & State  
Navarre FL

Zip Country  
32566 US

4. Date Incorporated or Qualified  
To Do Business in Florida

12/21/2000

5. FEI Number

59-3706010

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HALL, ROBERT L IV	P.O. BOX 5033	NAVARRE FL 32566
D	HALL, DANYIELLE R	P.O. BOX 5033	NAVARRE FL 32566

200008939642  
11/12/02--01096--013 \*\*900.00

8. Name and Address of Current Registered Agent

HALL, ROBERT L IV  
8177 E BAY BLVD  
NAVARRE FL 32566

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

Danyielle R Hall

REGISTERED AGENT MUST SIGN

Date 5 NOV 2002

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Danyielle R Hall

PH 850-939-8519

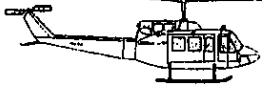
5 NOV 02

Date

Daytime Phone #

CR2E040 (8/01)

AeroSource



Helicopter Parts and Services

PH (850) 939-8519  
FX (850) 936-0214

5 NOV 02

Dear Sirs,

Please let me know if there is any additional information needed to restate AeroSource, Inc. It is my understanding, by way of a telephone conversation with Merkita of your office that only this form, + check are due at this time. To be followed by a Uniform Business Report due after the first of the year.

You can reach me at 850-939-8519.

Sincerely,

Danyelle Hall