

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000010540 1. Corporation Name Ocean Helicopters, Inc.			
2. Principal Office Address 11550 Aviation Blvd.		3. Mailing Office Address 11550 Aviation Blvd.	
Suite, Apt. #, etc. Suite 1		Suite, Apt. #, etc. Suite 1	
City & State West Palm Beach, FL		City & State West Palm Beach, FL	
Zip 33412	Country U.S.A.	Zip 33412	Country U.S.A.

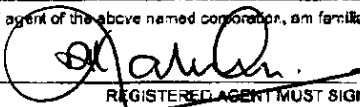
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**REINSTATEMENT** 02-03

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 52-2341312	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ \$0.75 Additional Fee required for a Certificate of Status.	

7. Name and Address of Current Registered Agent	
Name David Harmon	
Street Address (P.O. Box Number is Not Acceptable) 11550 Aviation Blvd.	
Suite, Apt. #, Etc. Suite 1	
City West Palm Beach	State Zip Code FL 33412

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of
Registered Agent


Date 2.14.03

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 Officer and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Ryan Duff	11550 Aviation Blvd. ; Suite 1	West Palm Beach, FL 33412

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ryan Duff

February 14th 2003 561-625 1900

Date

Daytime Phone #

2/3/4