
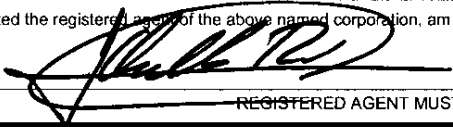
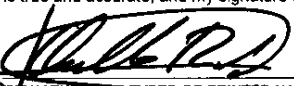


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--------------------------|-----------------------------------|--|--------------------|--------------------------------|------------------|----------------------------|-------------------------|-------------------|------------------|----------------------------|-------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| DOCUMENT # P03000022445 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Corporation Name SKY HAWK CHARTERS, INC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Office Address 220 BELLEVIEW BLVD Suite, Apt. #, etc. APT 303 City & State BELLEAIR, FLORIDA Zip 33756 | 3. Mailing Office Address SAME AS #2 Suite, Apt. #, etc. City & State SAME AS #2 Zip #2 | 4. Date Incorporated or Qualified To Do Business in Florida 2-24-03 5. FEI Number 16-1656237 <div style="display: flex; justify-content: space-between;"><div>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/></div><div>\$8.75 Additional Fee required for a Certificate of Status</div></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Name and Address of Current Registered Agent <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2">Name JOSE O RODRIGUEZ</td></tr><tr><td colspan="2">Street Address (P.O. Box Number is Not Acceptable) 220 BELLEVIEW BLVD</td></tr><tr><td colspan="2">Suite, Apt. #, Etc. APT 303</td></tr><tr><td>City BELLEAIR</td><td>State FL</td></tr><tr><td>Zip Code 33756</td><td></td></tr></table> | | | Name JOSE O RODRIGUEZ | | Street Address (P.O. Box Number is Not Acceptable) 220 BELLEVIEW BLVD | | Suite, Apt. #, Etc. APT 303 | | City BELLEAIR | State FL | Zip Code 33756 | | | | | | | | | | | | | | | | | | | |
| Name JOSE O RODRIGUEZ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) 220 BELLEVIEW BLVD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suite, Apt. #, Etc. APT 303 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City BELLEAIR | State FL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip Code 33756 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. <div style="display: flex; justify-content: space-between;"><div>Signature of Registered Agent </div><div>Date 8-25-05</div></div> <p style="text-align: center; margin-top: 5px;">REGISTERED AGENT MUST SIGN</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 10%;">Titles</th><th style="width: 30%;">Name of Officers and/or Directors</th><th style="width: 30%;">Street Address of Each Officer and/or Director</th><th style="width: 30%;">City / State / Zip</th></tr></thead><tbody><tr><td>P, S</td><td>JOSE O RODREGUEZ</td><td>220 BELLEVIEW BLVD APT 303</td><td>BELLEAIR, FLORIDA 33756</td></tr><tr><td>VP, T</td><td>ZULLAY RODRIGUEZ</td><td>220 BELLEVIEW BLVD APT 303</td><td>BELLEAIR, FLORIDA 33756</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table> | | | Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip | P, S | JOSE O RODREGUEZ | 220 BELLEVIEW BLVD APT 303 | BELLEAIR, FLORIDA 33756 | VP, T | ZULLAY RODRIGUEZ | 220 BELLEVIEW BLVD APT 303 | BELLEAIR, FLORIDA 33756 | | | | | | | | | | | | | | | | |
| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P, S | JOSE O RODREGUEZ | 220 BELLEVIEW BLVD APT 303 | BELLEAIR, FLORIDA 33756 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VP, T | ZULLAY RODRIGUEZ | 220 BELLEVIEW BLVD APT 303 | BELLEAIR, FLORIDA 33756 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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. <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>SIGNATURE  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div><div>Date 8-25-05 Daytime Phone #</div></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

CR2E081 (01/05)

August 10, 2005

Re: Sky Hawk Charters, Inc
Reinstatement

To Whom it May Concern,


Enclosed please find my reinstatement form as well as a check for \$300.00 to bring my corporation up to date thru 2005.

I had not received any renewals since my original filing of the corporation and I had moved and did not know that they would not be forwarded.

Hopefully this letter will reinstate my corporation as well as update my address so I may receive renewals in the future.

Thank you for your time in this matter.

Sincerely,



Jose O. Rodriguez
President