

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P33429					
1. Corporation Name HELIAIR LEASING, INC.					
7311 N.W. 12 STREET 7311 N.W. 12 STREET					
2. Principal Office Address 7311 N.W. 12 STREET			3. Mailing Office Address 7311 N.W. 12 STREET		
Suite, Apt. #, etc. SUITE # 22			Suite, Apt. #, etc. SUITE # 22		
City & State MIAMI, FLORIDA			City & State MIAMI, FLORIDA		
Zip 33126	Country USA	Zip 33126	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 10-22-96	
5. FEI Number 510294102				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐				\$8.75 Additional Fee required for a Certificate of Status	

FILED

04 JUN 30 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

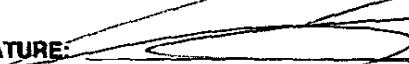
REINSTATEMENT

03-04

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7. Name and Address of Current Registered Agent	
Name KULATZ, CONRAD S. & ASSOC., P.A.	
Street Address (P.O. Box Number is Not Acceptable) 633 SE THIRD AVE	
Suite, Apt. #, Etc. SUITE # 4R	
City FORT LAUDERDALE	State FL
	Zip Code 33301

300038663543
07/02/04--01079--004 **\$900.00

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		Date 6-25-04	
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
PCD	KULATZ, CONRAD	633 SE THIRD AVE. SUITE # 4R	FT. LAUDERDALE, FL 33301
ST	KULATZ, CONRAD	633 SE THIRD AVE. SUITE # 4R	FT. LAUDERDALE, FL 33301
S	TORRES, FRANCISCO	7311 NW 12 ST. SUITE # 22	MIAMI, FL 33126
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: 		PRESIDENT 6-25-04 527-0002 (954)	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CONRAD S. KULATZ, PRESIDENT