

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000002744

1. Corporation Name

Aircraft Charter Solutions, Inc.

2. Principal Office Address - No P.O. Box #

3000 NE 30th Place

Suite, Apt. #, etc

Suite 107

City & State

Fort Lauderdale, FL

Zip

33306

Country

USA

3. Mailing Office Address

3000 NE 30th Place

Suite, Apt. #, etc.

Suite 107

City & State

Fort Lauderdale, FL

Zip

33306

Country

USA

7. Name and Address of Current Registered Agent

Name

Aviation Legal Group, P.A.

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

5525 NW 15th Avenue

Suite, Apt. #, Etc.

Suite 200

City

Fort Lauderdale

State

FL

Zip Code

33309

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

REGISTERED AGENT MUST SIGN

Date 6/24/10

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
DP	Kirk S. Mueller	38182 Windermere Farm Lane	Lovettsville, VA 20180

10. E-mail Address: kirkm@aircraftchartersolutions.com

(To be used for future annual report notification)

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, I further certify 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

6/24/10

Date

954-727-3039

Daytime Phone #

FILED

10 JUL 27 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400182680254

06/28/10--01048--007 **2250.00

REINSTATEMENT

00-10

4. Date Incorporated or Qualified

To Do Business in Florida 1/8/1993

5. FEI Number

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

6/27