

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

02-03



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN -2 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000026009

1. Corporation Name

SKY'S FLIGHT SERVICE, INC.

2. Principal Office Address

5553 NW 36th Street

Suite, Apt. #, etc.

Suite A

City & State

Miami Springs, Florida

Zip

33166

Country

USA

3. Mailing Office Address

5553 NW 36th Street

Suite, Apt. #, etc.

Suite A

City & State

Miami Springs, Florida

Zip

33166

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0494952

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

John Hardin Poindexter

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

5553 NW 36 Street

Suite, Apt. #, Etc.

Suite A

City

Miami Springs

State

FL

Zip Code

33166

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 **May 28, 2003**

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
C/D/T	Arias, Hernan	120 Royal Palm Road	Hialeah, Florida 33016
P/D/S	Poindexter, John	1100 Lee Wagener Blvd, Suite 204	Ft. Lauderdale, Florida 33315

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:

Hernan Arias

Hernan Arias, Chairman

05-28-2003 305-505-8806

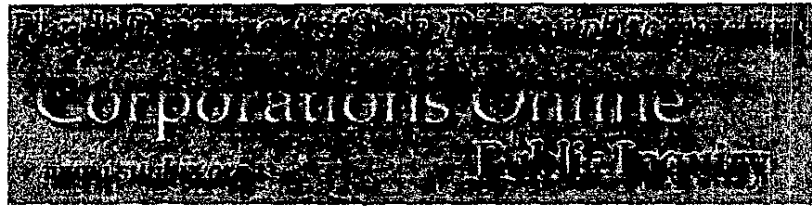
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

7/12



Florida Profit**SKY'S FLIGHT SERVICE, INC**

PRINCIPAL ADDRESS

66 LANGLEY RD
BUILDING 66
OPA LOCKA FL 33054 US
Changed 07/01/1997

MAILING ADDRESS

1541 BRICKELL AVE
SUITE 409
MIAMI FL 33129 US
Changed 07/01/1997

Document Number
P94000026009

FEI Number
650494952

Date Filed
04/01/1994

State
FL

Status
INACTIVE

Effective Date
NONE

Last Event
ADMIN DISSOLUTION
FOR ANNUAL REPORT

Event Date Filed
10/04/2002

Event Effective Date
NONE

Registered Agent

Name & Address
CO. AGENT INC 111 SW 5TH AVE SUITE 200 MIAMI FL 33130
Name Changed: 07/01/1997
Address Changed: 07/01/1997

Officer/Director Detail

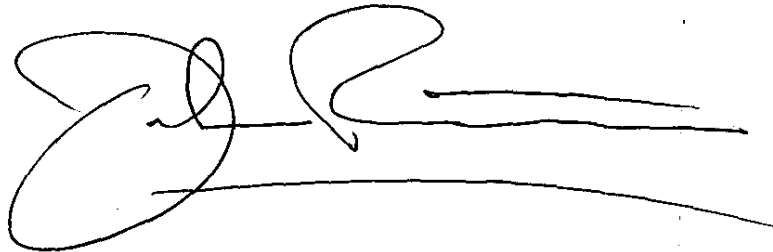
Name & Address	Title
ARIAS, HERNAN	CEO C/O/T

SKY'S FLIGHT SERVICE, INC.

Quality, Elite & Professional Air Transportation to The Islands.

To: FUA CARD

Please Reinstater
our Corp AS
we never received
The documents via
MAIL LAST year.

A stylized handwritten signature, possibly reading "J. R.", followed by two horizontal lines.