

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000080013

1. Corporation Name

SOUTHEAST HELICOPTERS, INC.

Principal Place of Business

15001 N.W. 42ND AVENUE
MIAMI FL 33054

Mailing Address

15001 N.W. 42ND AVENUE
MIAMI FL 33054

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 1997



011/4

4. Date Incorporated or Qualified To Do Business in Florida

10/26/1994

5. FEI Number

65-0533207

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PTD	MOYNIHAN, M J	% 15001 N.W. 42ND AVENUE	MIAMI FL
0	MOYNIHAN, EMILY	11100 BISCAYNE BLVD.	MIAMI FL
S	Moynihan, Emily	11880 Bird Rd., #201	Miami FL
			100002340941--9
			-11/06/97--01121--002
			****758.75 ****758.75

8. Name and Address of Current Registered Agent

MOYNIHAN, EMILY
11100 BISCAYNE BLVD.
MIAMI FL 33104

9. Name and Address of New Registered Agent

Name

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

11880 BIRD Rd.

Suite, Apt. #, Etc.

Suite 201

City

Miami

State

FL

Zip Code

33175

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Emily Moynihan
REGISTERED AGENT MUST SIGN

Date 10/30/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for Information on Intangible tax.)

12. 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:

Emily Moynihan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/97 305 685-5881
Date Daytime Phone #

CR2E040 (8/97)