## 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.

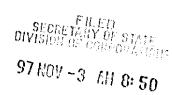
Principal Place of Business

15001 N.W. 42ND AVENUE MIAMI FL 33054

Malling Address

15001 N.W. 42ND AVENUE

MIAMI FL 33064



REINSTATEMENT 1997	)

If above	addresses are incorrect in any way, line	through Incorre	ect information and er	aler correction below	COUL	Ц				
				. 10 a. a. (A) (12 a. a. (A) (12 a. a. a. a. a. a. a. a. a.		4. Date Incorporated or Qualified To Do Business in Florida 10/26/1994  5. FEI Number Applied For				
Suite, Apt. #, etc.  Suite, Apt City & State  City & State				5. FEI Numbe						
					65-0533207					
Zip	Country	Zíp	Cor	untry	6. CERTIFICAT	E OF STATUS DESIRED	\$8.75 Ad for a C	ditional Fee required ertificate of Status		
7. Names	and Street Addresses of Each Officer	and/or Director	(Florida nonprofit cor	porations must list at k	east 3 directors)					
Title(s)	Name of Officers and/or Directors	Name of Officers and/or Directors			Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)			City / State / Zip		
PTD	MOYNIHAN, M J		% 15001 N.W. 42ND AVENUE			MIAMI FL				
-6	MAYNIHAN, EMILY		11100 BISCA	YNE BLVD.		- MIAMI FL				
5	Moynihan, E	mily	11880	Bird Rd.	, #201	Miami	FL	·.		
					1	000023 -11/06/3 ****758	4094  0112 	<b>41</b> — S1 21002 **758.75		
	8. Name and Address of Curre	nt Registered /	Agent		9. Name and	I Address of New Regi	stered Agent			
MOYNIHAN, EMILY 11190 BISCAYNE BLVD. MIAMI FL-93181			Name  Street Address (P.O. Box Number is Not Acceptable)  1880 BIRARA  Sulte, Apt, #, Etc.  Suite 201  City Mami State Zip Code  FL 33175				Code 3/75			
10. I, being Signature Registered	g appointed the registered agent of the of Agent Lonily		1/ 1		obligations of Secti	Date //				
11. Th	nis corporation owes or tangible Personal Prop	has paid	the current y		No 🔀		other side for Ir on Intangible I			
this rein owed b	r that I am an officer or director or the re nstatement application, the reason for d y the corporation have been paid and t application is true and accurate, and m	issolution has be he names of ind	een eliminated, the co ividuals listed on this	orporate name satisfies form do not qualify for	s the requirements r an exemption und	of section 607,0401 o	r 617 0401 É	S that all fees		

OFFICER OR DIRECTOR

10/30/97 305 685-5881