

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Catherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 995000006552

1. Corporation Name

Skymarine Inc. dba Heli Express

2. Principal Office Address

7909 Saddlebrook Drive

Suite, Apt. #, etc.

City & State

Port St. Lucie, Florida

Zip

34986

Country

USA

3. Mailing Office Address

7909 Saddlebrook Drive

Suite, Apt. #, etc.

City & State

Port St. Lucie, FL

Zip

34986

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01-23-95

5. FEI Number

65-0578092

Applied For

X 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

Wolf-Michael Haberle

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

7909 Saddlebrook Drive

Suite, Apt. #, Etc.

City

Port St. Lucie

State
FL

Zip Code

34986

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 09-19-00

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
Pres.	Wolf-Michael Haberle	7909 Saddlebrook Drive	Port St. Lucie, FL, 34986

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

08-29-00

Daytime Phone #

CR2E081 (9/99)



Division of Corporations
P.O. Box 6327
Tallahassee, FL, 32314

7909 Saddlebrook Drive
Port St. Lucie, FL, 34986

Tel 561 467 0403
Fax 561 467 1218

Email: heliexpress@aol.com

To whom it may concern

It came to our attention that our status as a corporation has been dissolved last year. We were quite surprised because we had send a business check in a timely manner and not received any notification about a possible cancellation.

We verified and found that our check had not been cashed (check no. 2053). We have attached a new check of \$ 150.00 and request to reinstate our corporation upon your earliest convenience.

Best Regards,



Wolf-Michael Haberle