

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

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

FILED

00 SEP 11 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P95000034189

1. Corporation Name

AIR CHARTER ONE, INC.

Principal Place of Business	Mailing Address
755 DOTTEREL RD APT 1507 DELRAY BEACH, FL 33444	755 DOTTEREL RD APT 1507 DELRAY BEACH, FL 33444

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5/2/1995	
City & State		City & State		5. FEI Number	
Zip		Country		65-0577360	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT

9-10

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	TODD HELLER	755 DOTTEREL RD APT 1507	DELRAY BEACH, FL 33444

9100003398399 1  
-09/19/00--01060--021  
\*\*\*900.00 \*\*\*900.00

8. Name and Address of Current Registered Agent

TODD HELLER  
755 DOTTEREL ROAD, APT 1507  
DELRAY BEACH, FL 33444

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State FL
Zip Code	

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 Todd Heller Date 4-30-00  
REGISTERED AGENT MUST SIGN

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.)

KE

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 name 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: Todd Heller Date 4-30-00 Daytime Phone # 561-750-6200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR