PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000003375

1. Corporation Name
Air Orlando Helicopter, Inc.

100380295251
01/24/22--01007--002 **150.00

100380295251
01/24/22--01007--003 **3750.00

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1982 STATE RD 44	1982 STATE RD 44
Suite, Apt. #, etc.	Suite, Apt. #, etc.
305	305
City & State	City & State
NEW SMYRNA BEACH, FL	NEW SMYRNA BEACH, FL
Zip / Country	Zip / Country
32168 / USA	32168 / USA

4. Date Incorporated or Qualified To Do Business in Florida: 1998

5. FEI Number: Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name: LICHTENSTEIN, BRIEFMAN & SABELLA PLLC

Street Address (P.O. Box Number is Not Acceptable): 2501 S TAMIAMI TRAIL

Suite, Apt. #, Etc.

City: SARASOTA | State: FL | Zip Code: 34239

22 JAN 24 PM 2:0

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: _____ Date: 01.04.22
REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Samuel Groome	1982 STATE RD 44	NEW SMYRNA BEACH, FL 32168
VP	Anthony Sabella	2501 S Tamiami Trail	Sarasota, FL 34236
		REINSTATEMENT	
		2001-2022	

10. E-mail Address: _____
(To be used for future annual report notification)

11. I certify that I am an officer or director of the reinstated or if I am employed 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 01.24.22 407-444-1323
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR — Date — Daytime Phone #

January 13, 2022

VIA Electronic Mail Only

Marquitta Williams
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Ste. 810
Tallahassee, FL 32303

marquitta.williams@dos.myflorida.com

Re: No Revocation of Dissolution of Air Orlando Helicopter Inc (Document Number P20000074389)

Ms. Williams:

I, Samuel Groome, am the President of Air Orlando Helicopter Inc (Document Number P20000074389) ("Air Orlando"). On January 10, 2022, I submitted my Articles of Dissolution for Air Orlando. I am writing to the Division of Corporations to inform same of my intent to not revoke the dissolution of Air Orlando in the future and to further release Air Orlando's right to the name "Air Orlando Helicopter Inc". More particularly I hereby give consent to Air Orlando Helicopter, Inc. (Document Number P96000003375) to make use of the name "Air Orlando Helicopter Inc" upon its reinstatement by the Division of Corporations.

Sincerely,

Samuel Groome, President
Air Orlando Helicopter Inc.