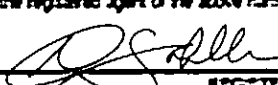


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000003375			
1. Corporation Name Air Orlando Helicopter, Inc.			
2. Principal Office Address - No P.O. Box # 1962 STATE RD 44		3. Mailing Office Address 1982 STATE RD 44	
City, Apt. #, etc. 305		City, Apt. #, etc. 305	
City & State NEW SMYRNA BEACH, FL		City & State NEW SMYRNA BEACH, FL	
Zip 32168	Country USA	Zip 32168	Country USA
4. Date incorporated or Qualified To Do Business in Florida 1998			
5. FEI Number			Accepted For ☐ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☒ Additional Fee required for a Certificate of Status			
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			
City, Apt. #, etc. SARASOTA			
		State FL	Zip Code 34239
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 (Please nonprofit corporations must list at least 3 directors)			
Title	Name of Officer and/or Director	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 notifications)			
11. I, being the President or Director of the corporation, hereby certify that the application for reinstatement is true and accurate, 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 constitutes a third degree felony as provided for in s. 817.153, F.S.			
SIGNATURE: 			
SIGNATURE AND TYPED OR PRINTED NAME OF EXHAUST 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.