

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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



FILED

00 NOV 22 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000054431

1. Corporation Name

VALLEY AIR SERVICES, INC.

Principal Place of Business

Mailing Address

3147 DEER CREEK VIA NAPOLI
DEERFIELD BEACH FL 33442

3147 DEER CREEK VIA NAPOLI
DEERFIELD BEACH FL 33442

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

2000

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.		06/17/1998	
City & State		City & State		5. FEI Number	
Zip		Country		65-0844016	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
AS	BRANDT, R. TED Alice Buford	RD #3 BOX 182 Rt. #1 Box 220-J RD #1 BOX 182	RIDGELY WY 20570 Dublin, VA 24084
VP	LAWNIK, MAURICE LAWNIK	13 MANSION BLVD 23	ALTOONA PA 16602
VP	ADKINS, ROBERT Bobby Ray	6510 HAZELWOOD DRIVE	DUBLIN VA 24084
AS	SHUSTER, DEBORAH	530 GARBER ST	HOLLIDAYSBURG PA 16648
			800003491158--8 -12/07/00--01079--017 ***758.75 ***758.75 LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with the provisions of Section 607.0505, F.S.

Signature of
Registered Agent

Deborah D. Skipper
as its agent

Date 11-20-00

REGISTERED AGENT MUST SIGN

11. 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:

Deborah D. Skipper
DEBORAH SHUSTER

Date

11/14/00

Daytime Phone #

814-941-4300