

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P98000054431**

1. Corporation Name

**VALLEY AIR SERVICES, INC.**

Principal Place of Business

3147 DEER CREEK VIA NAPOLI  
DEERFIELD BEACH FL 33442

Mailing Address

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.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/17/1998

5. FEI Number

65-0844016

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
AS ST	BUFORD, ALICE	RT. 1 BOX 2205	DUBLIN VA 24084
P	LAWRUK, MAURICE	23 MANSION BLVD	ALTOONA PA 16602
VP	RAY, BOBBY	6510 HAZELWOOD DRIVE	DUBLIN VA 24084
ST	<del>SHUSTER, DEBORAH</del>	<del>530 GARBER ST</del>	<del>HOLLIDAYSBURG PA 16648</del>
AS	Shuster Deborah	530 Garber St	Hollidaysburg PA 16648
800004779378--3 -01/17/02--01002--010 ***750.00 ***750.00			

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

**Brian Courtney**  
Asst. V. Pres.

REGISTERED AGENT MUST SIGN

Date

12-27-01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deborah Shuster

Date

12/18/01

Daytime Phone #

814-695-7672

CR20040 (8/01)