

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 NOV 19 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (1/07)

05-07

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000005482

1. Corporation Name

PEC Helicopter Service, Inc.

2. Principal Office Address - No P.O. Box #

501 S. Flagler Drive

3. Mailing Office Address

501 S. Flagler Drive

Suite, Apt. #, etc.

Suite 303

Suite, Apt. #, etc.

Suite 303

City & State

West Palm Beach

City & State

West Palm Beach

Zip

33401

Country

USA

Zip

33401

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/14/1999

5. FEI Number

65-0896859

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jones Foster Service, LLC

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

505 S. Flagler Drive

Suite, Apt. #, Etc.

Suite 1100

City

West Palm Beach

State

FL

Zip Code

33401



The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date Nov. 15, 2007

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPT	Dickron E. Murray	501 S. Flagler Drive	West Palm Beach, FL 33401
DC	Alexander W. Dreyfoos, Jr.	501 S. Flagler Drive	West Palm Beach, FL 33401
DVS	Renate E. Dreyfoos	501 S. Flagler Drive	West Palm Beach, FL 33401

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10. 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 contained in Chapter 119, 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]

Dickron E. Murray

November 14, 2007 561-650-0309

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/21