

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000009809

1. Corporation Name

BOCA HELICOPTERS, INC.

Principal Place of Business

990 EAST ROGERS CIRCLE  
SUITE 1  
BOCA RATON FL 33487

Mailing Address

990 EAST ROGERS CIRCLE  
SUITE 1  
BOCA RATON FL 33487

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

2. New Principal Office Address, If Applicable

7280 W. Pkwy Rd.  
Suite 106  
Boca Raton FL

3. New Mailing Office Address, If Applicable

7280 W. Pkwy Rd.  
Suite 106  
Boca Raton FL

4. Date Incorporated or Qualified  
To Do Business in Florida

02/01/1999

5. FEI Number

65-0898462

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	SCALERA, DEAN	990 EAST ROGERS CIRCLE	BOCA RATON FL 33487

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCALERA, DEAN  
990 EAST ROGERS CIRCLE  
SUITE 1  
BOCA RATON FL 33487

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

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
01 NOV 13 AM 9:07



REINSTATEMENT

01

308004704933-0  
-12/04/01--01093--010  
\*\*\*750.00 \*\*\*750.00

CR2040 (8/01)