| | PLEASE READ | ALL INST | RUCTIO | ONS | BEFORE (| OMPLET | NG THIS FO | RM. | |
|---|--|---------------------------------------|----------------|---|--|---|---|---|--|
| FOR FOR | | | | A DEPARTMENT OF STATE Katherine Harris Secretary of State | | | | | The Total of the T |
| REINSTATEMENT DIVISION OF CORPO | | | | | | | FILE | חי | |
| OCUMENT # P99000025854 Corporation Name | | | | | 00 OCT 24 PM 12: 15 | | | | |
| OPA LOCKA HELICOPTERS, CORPORATION | | | | | | SECRETARY OF STATE TALLAHASSEE FLORIDA | | | |
| incipal Place of Business Mailing Address | | | | s | | | STATEM | ENI | |
| 79 N.E. 2 1201 NAMI FL | 10TH CIRCLE TERRACE | TH CIRCLE TERRACE | | | | | | | |
| f above a New Pri | addresses are incorrect in any way, line the notice Address, If Applicable | formation and enter correction below. | | | | orated or Qualified less in Florida | 13/2 | 2 \$\frac{150 (\$\frac{1}{5}}{5}) \tag{5} | |
| uite, Apt. | | etc. | | | 5. FEI Number | - ^^ \.l^ : | | Applied For | |
| ty & State City & State | | | | | | K (25) | 09146 | <u> </u> | Not Applicable |
| p Country Zip | | | Country | | | CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status | | | |
| Names | and Street Addresses of Each Officer an | d/or Director (Flo | rida nonprofit | corporati | ions must list at le | ast 3 directors) | | | |
| Title(s) | Name of Officers and/or Directors | | | Street Address of Each Officer and/or Director | | | City / State / Zip | | |
| PD | URBINA, FABIO | | | 479 N.E. 210TH CIRCLE TERRACE | | | MIAMI FL 33179 | | |
| SVD | CORREA, CLAUDIA | | | 479 N.E. 210TH CIRCLE TERRACE | | | MIAMI FL 33179 | | |
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| | | | ж Б | | | 60 | 00034557961 -11/07/0001103004 *****600.00 *****600.00 | | |
| · | | | | | | | | | |
| | | | | | | | | | |
| 8. Name and Address of Current Registered Agent | | | | | Name | 9. Name and A | ddress of New Regis | tered Age | nt |
| URBINA, FABIO 479 N.E. 210TH CIRCLE TERRACE #201 MIAMI FL 33179 | | | | - | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | | Suite, Apt. #, Etc. | | | | | |
| | | | | City State Zip Code | | | | | rip Code |
| | | | | | 1 | - LD 40 | COZ OFOE E C | | |

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 filling 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 of Registered Agent

SHAUDIO FUSINE CHURED
IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLADI A COPPEA - VP

REGISTERED AGENT MUST SIGN

00+18,00 (305)651-2865 Daylima Phone #