PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Signature of Registered Agent Part					_	1 Charleston		
DOCUMENT # P99000030227 1. Corporation Nurse Aircraft Brokers, Inc. 2. Principal Office Address 2. Mailing Office Address 2. Principal Office Address 2. Principal Office Address 2. Suite 300 2. Principal Office Address 3. Mailing Office Address 4. Data becomposited of Qualified March 29, 1999 4. Data becomposited of Qualified March 29, 1999 5. PRINTED FOR Country 3. Mailing Office Address 4. Data becomposited of Qualified March 29, 1999 6. Country 3. Mailing Office Address 4. Data becomposited of Qualified March 29, 1999 6. Country 3. Mailing Office Address 4. Data becomposited of Qualified March 29, 1999 6. Country 3. Mailing Office Address 4. Data becomposited of Qualified March 29, 1999 6. Country 3. Names and Address of Policy Box Number is Not Acceptable) 6. Country 6. Country 7. Name and Address of Policy Box Number is Not Acceptable) 6. Country 7. Name and Address of Policy Box Number is Not Acceptable) 7. Name and Address of Policy Box Number is Not Acceptable) 7. Name and Address of Policy Box Number is Not Acceptable) 7. Name and Address of Policy Box Number is Not Acceptable) 7. Name and Address of Policy Box Number is Not Acceptable 7. Name and Address of Policy Box Number is Not Acceptable 8. Letty Box Number is Number is Not Acceptable 8. Letty Box Number is	REINSTATEMENT Secretary of State				SECRETARY OF STATE			
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City & State Estero, Florida Ontario, CA Zip 33-0876122 Zip 33-0876122 Zip 33-0876122 The Country 33-0876122 Signature of Country Suite, Apt. #, Etc. City Plantation B. L. being appointed the registered agent of the above named corporation, and familiar with and accept the obligations of section 607,0505 or 617,0503, F.S. DAVID I. FARRER ASSISTANT SECRETARY REGISTERED AGENT MUST SIGN Pres. James P. Previti 3536 Concours Street, Suite 300 Ontario, CA 91764 10. Learly, that I am an officer or director or the receiver or fundee empowered to excoude this applications as provided for in chapter 607 and 72, E.S. Lifurthar certify that when fifting this reinstatement application, the reason for or dissolution has been eliminated, the composite name statifies the requirements of section 607 (201), F.S. The information in this application is true and accurate, and my signature or this specification is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: Larry R. Day August 13, 03 909-987-7788				00		4. Date Incorporated or Qualified To Do Business in Florida March 29 1999		
Country Zip Country Zip Country Zip Country Signature of U.S. 91764 U.S. 91764 U.S. Signature of CT Corporation System Name	City & State City & State							
To Name and Address of Current Registered Agent Name CT Corporation System	┠ ────────────────────────────────────							
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) C/O CT Corporation System, 1200 South Pine Island Road Suite, Apt. #, Etc. City Plantation State Sip Code FL 33324 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. DAVID I. FARBER ASSISIANT SECRETARY Date SILE DATE SILE DATE SIGNATURE: Signature of Registered Agent Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Signature of Officer and/or Director Officer and/or			h '	,	6. CERTIFICATE			
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	J.J.		NED NAME OF SIGNING O	FFICER OR DIRECTOR				

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