

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harrell
Secretary of State
DIVISION OF CORPORATIONS

02 JUL -8 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000057163

1. Corporation Name

ASI - Aero Services South, Inc.

800006325318--3
-07/11/02--01024--009
****300.00 ****300.00

2. Principal Office Address

14801 Pioneer Drive

Suite, Apt. #, etc.

3. Mailing Office Address

14801 Pioneer Drive

Suite, Apt. #, etc.

City & State

Eden Prairie, MN

City & State

Eden Prairie, MN

Zip

55347

Country

USA

Zip

55347

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

June 22, 1999

5. FEI Number

65-0932085

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

David Monacell

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

4800 Bayview Drive

Suite, Apt. #, Etc.

702

City

Fort Lauderdale

State
FL

Zip Code

33308

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 4/18/02

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
P	Timothy P. Ashenfelter	14801 Pioneer Drive	Eden Prairie, MN 55347

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 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

Timothy P. Ashenfelter

Date

Daytime Phone #

CR2E081 (9/01)