


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> S79066			
<b>1. Corporation Name</b>  Biscayne Aero Med, Inc.			
<b>2. Principal Office Address</b> 13955 SW 127th Street		<b>3. Mailing Office Address</b> P.O. Box 770247	
Suite, Apt. #, etc. Building 121		Suite, Apt. #, etc.	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33186	Country US	Zip 33177	Country US

**FILED**  
04 DEC 10 PM 3:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

03-04  
[Signature]

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 9/6/1991	
<b>5. FEI Number</b> 65-0326229	<b>Applied For</b> <input checked="" type="checkbox"/> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>	
Name Daryl R. Martin	
Street Address (P.O. Box Number is Not Acceptable) 13955 SW 127th Street	
Suite, Apt. #, Etc. Building 121	
City Miami	State FL
	Zip Code 33186

**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 12/7/04

**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	Daryl R. Martin	15144 SW 153rd Avenue	Miami, Fl. 33196

12/10/04 01018 026-150.00  
100040029111  
12/10/04--01018--025 \*\*150.00

**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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

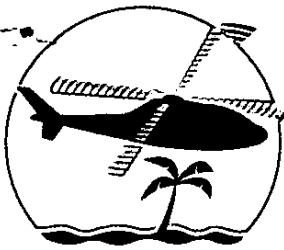
12/7/04

Date

305 252 3883

Daytime Phone #

CR2001 (01/04)



zeelc

***Biscayne Helicopters, Inc.***

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13955 S.W. 127th Street, Bldg. 121, Tamiami Airport (TMB), Miami, Florida 33186. Ph: 305-252-3883. Fax: 305-252-8154

December 7, 2004

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

I am requesting that the Reinstatement fee be waived, because we did not receive a letter or post card giving us advance notice of corporation fees due.

I would greatly appreciate your help in this matter. If you have any questions please do not hesitate to contact me at 305-252-3883 Ext 19.

Sincerely,

Daryl R. Martin  
President