## State of Idaho

## Office of the Secretary of State

CERTIFICATE OF WITHDRAWAL

OF
WACKENHUT AIRLINE SERVICES, INC.

## File Number C 91226

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that Application for Certificate of Withdrawal from this State, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Withdrawal and attach hereto a duplicate of the Application for such Certificate.

By

Dated: March 23, 2009



SECRETARY OF STATE



## **APPLICATION FOR CERTIFICATE** OF WITHDRAWAL

(Instructions on back of application)

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SECRETARY OF STATE STATE OF IDAHO

| To the Secretary of State of Idaho |       |
|------------------------------------|-------|
| Pursuant to Section 30-1-1520      | Idaho |

Capacity PRESIDENT

o Code, the undersigned Corporation hereby applies for a

|      | certificate of withdrawal from the State of Idaho, and for that purpose submits the following statement:  |
|------|---|
| 1.   | The name of the corporation is:   |
|      | WACKENHUT AIRLINE SERVICES, INC.  |
|      | The name which it used in Idaho is:   |
|      | SAME  |
| 2.   | It is incorporated under the laws of FLORIDA  |
| 3.   | It is not transacting business in the State of Idaho.   |
| 4.   | It hereby surrenders its authority to transact business in said state.  |
| 5.   | It revokes the authority of its registered agent in the State of Idaho to accept service of process and consents that service of process in any action, suit or proceeding based upon any cause of action arising in the State of Idaho during the time it was authorized to transact business therein may thereafter be made on it by registered or certified mail to the corporation at the address listed in item 6., below. |
| 6.   | The post office address to which process against the corporation may be mailed is:  |
|      | C/O LEGAL DPT. 4200 WACKENHUT DR. PALM BEACH GARDENS, FL 33410  |
| 7.   | It agrees to notify the Secretary of State of the State of idaho of any change to the address in Item 6.  |
|      |   |
|      |   |
| •    | Customer Acct #:  (if using pre-paid account)   |
| Sign | ature Secretary of State use only   |
| Туре | ed Name DREW LEVINE   |

