

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

FILED

02 OCT 14 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/16/02--01087--017--**200.00

DOCUMENT # L00000004041

1. Limited Liability Company's Name

INFLIGHT HOLDINGS, LLC

2. Principal Office Address

6950 N.W. 25 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33126

Country

USA

3. Mailing Office Address

P. O. Box 380758

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33238

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

4/10/00

6. FEI Number

65-1001810

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Jonathan J. Lichtman, P.A.

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

120 East Palmetto Park Road

Suite, Apt. #, Etc.

Suite 100

City

Boca Raton

State
FL

Zip Code
33432

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent By: Jonathan J. Lichtman, P.A.

By: _____, President

Date 9/5/02

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr.	Bernard Klepach	6950 N.W. 25 Street	Miami, FL 33126

REINSTATEMENT 01-02

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Bernard Klepach

Date 9/10/02

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/01)