

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 DEC -4 PM 12:48

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000018429

Name and Mailing Address

0016851 01 MB 0.309 **AUTO T1 0 0615 85743-963375



RVEE AIR, LLC
6875 W. INA ROAD
TUCSON AZ 85743-9633

000025201790
12/04/03--01006--019 **150.00



2. New Mailing Address <i>13100 N. Tailwind Drive</i> City, State, Zip <i>Tucson, AZ 85737</i>		4. State/Country of Formation FL	
Principal Place of Business 6875 W. INA ROAD TUCSON AZ 85743		3. New Principal Place of Business Address <i>13100 N. Tailwind Dr.</i> City, State, Zip <i>Tucson, AZ 85737</i>	
5. Date Organized or Qualified To Do Business in Florida 07/22/2002		6. FEI Number Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent MEINERS, LOUIS M JR. 2598 L'ERMITAGE LANE NAPLES FL 34105		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
10. 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 <i>[Signature]</i> SIGNATURE REQUIRED Date <i>11/24/03</i> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	HOLMAN, MARTY A	6875 W. INA ROAD	TUCSON AZ 85743

REINSTATEMENT 2003

12. 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

[Signature]
SIGNATURE REQUIRED

Date *11/6/03* Daytime Phone # *(520) 889-6000*

Typed or printed name of signing Managing Member/Manager