

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 MAR -9 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L05000044902 1. Entity Name FLEETWING, LLC					
Principal Place of Business 3501 NE 10TH STREET 103 OCALA, FL 34470		Mailing Address 3501 NE 10TH STREET 103 OCALA, FL 34470			
2. Principal Place of Business 11005 SE 66th Terrace Suite, Apt. #, etc.		3. Mailing Address 2215 SE Fort King St Suite, Apt. #, etc. B			
City & State Belleview, FL		City & State Ocala, FL		4. FEI Number 01052007 REIN-LLC CR2E101 (11/05)	
Zip 34420		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent VOLKER, VIVIAN 3501 NE 10TH STREET 103 OCALA, FL 34470				7. Name and Address of New Registered Agent Name Karl Shearer Street Address (P.O. Box Number is Not Acceptable) 11005 SE 66th Terrace City Belleview FL Zip Code 34420	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE		Karl Shearer		DATE 03-06-07	
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHEARER, KARL 3501 NE 10TH STREET #103 OCALA, FL 34470	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Shearer, Karl 11005 SE 66th Terrace Belleview, FL 34420	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHEARER, JENNIE 3501 NE 10TH STREET #103 OCALA, FL 34470	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Shearer, Jennie 11005 SE 66th Terrace Belleview, FL 34420	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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500092642395 03/14/07--01045--021 ***105.00 REINSTATEMENT 06-07					
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:		Karl Shearer		DATE 03-06-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	