2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000095270

Entity Name: SKYHAWK FLYERS LLC.

FILED Oct 29, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2702 PECONIC AVE. 8191 N TAMIAMI TRAIL

SEAFORD, NY 11783 SUITE 109

SARASOTA, FL 34243

Current Mailing Address: New Mailing Address:

PO BOX 1823

SEAFORD, NY 11783

FEI Number: 20-5629347 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CROMLEY, JOHN
5500 BENT GRASS DR.

#202
SARASOTA, FL 34235 US

CRONLEY, JOHN TREAS
5500 BENTGRASS DR
#202
#202
SARASOTA, FL 34235 US

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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.

SIGNATURE: JOHN CRONLEY 10/29/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

itle: MGRM () Delete

Name: CLARK, PETER
Address: 2702 PECONIC AVE.
City-St-Zip: SEAFORD, NY 11783

Title: MGRM () Delete Name: CROMLEY, JOHN

Address: 5500 BENT GRASS DR. #202 City-St-Zip: SARASOTA, FL 34235

Title: MGRM () Delete
Name: SEMENDINGER, GREGG
Address: 2185 CYPRESS ST.
City-St-Zip: WANTAGH, NY 11793

Title: MGRM () Delete

 Name:
 SOSA, EDDIE

 Address:
 2 GREEN TREE CT.

 City-St-Zip:
 NORTHPORT, NY 11768

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition

Name: CLARK, PETER
Address: 206 BAYVIEW AVE.
City-St-Zip: MASSAPEQUA, NY 11758

Title: MGRM (X) Change () Addition

Name: CRONLEY, JOHN
Address: 5500 BENTGRASS DR

Address: 5500 BENTGRASS DR. #202 City-St-Zip: SARASOTA, FL 34235

Title: MGRM (X) Change () Addition

Name: SEMENDINGER, GREG Address: 2185 CYPRESS ST. City-St-Zip: WANTAGH, NY 11793

Title: () Change () Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN CRONLEY TREA 10/29/2008