

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

09 JUN 30 AM 10:51


SECRETARY OF STATE
TALLAHASSEE FLORIDA

06/30/09--01046--001 **125.00

700158014117

CR2E041 (10/08)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LD7000060511

1. Limited Liability Company's Name

LIVEMERCIAL AVIATION HOLDINGS, LLC

2. Principal Office Address - No P.O. Box #

3001 LEONARD DRIVE

State, Apt. #, etc.

SUITE 301

City & State

VALPARAISO, IN

Zip

46383

Country

PORTER

3. Mailing Office Address

3001 LEONARD DRIVE

State, Apt. #, etc.

SUITE 301

City & State

VALPARAISO, IN

Zip

46383

Country

PORTER

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number
26-0322234

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$500 Additional Fee required for a Certificate of Status

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

8. Name and Address of Current Registered Agent

Name
PARACORP INCORPORATED

Street Address (P.O. Box Number is Not Acceptable)
236 EAST 6TH AVENUE

State, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32303

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

[Signature] NINH H., ASST. SECRETARY

Date 6-24-09

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
MGRM	JOHN MATHIS JR.	101 N CLEMATIS ST, APT 513	WEST PALM BEACH, FL 33401

REINSTATEMENT 09

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 taxes 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]

Date 6/24/09

Daytime Phone # 219-477-3900

Typed or printed name of signing Managing Member/Manager

JOHN MATHIS JR.