


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

03 OCT 31 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L99000000442

Name and Mailing Address

0010048 01 AT 0.292 **AUTO T6 0 0615 33756-552850



AIR-1 AIRCRAFT, LLC
C/O JAMES A. MARTIN
625 COURT STREET, SUITE 200
CLEARWATER FL 33756-5528



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 01/26/1999	
Principal Place of Business 14609 AIRPORT PARKWAY CLEARWATER FL 33762	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3554246	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 COOPER, ROBERT L G 14609 AIRPORT PARKWAY CLEARWATER FL 33762	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 100024338628 10/31/03--01079--018 **150.00 City FL Zip Code
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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 [Signature] **SIGNATURE REQUIRED** Date _____

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
MGR	COOPER, ROBERT C	14609 AIRPORT PKWY	CLEARWATER FL 33762
MGR	HALL, MICHAEL B IRENE LIPINSKI	14609 AIRPORT PARKWAY 14609 AIRPORT PARKWAY	CLEARWATER FL 33762 CLEARWATER FL 33762

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 10-28-03 Daytime Phone # 727 539 6545

Typed or printed name of signing Managing Member/Manager

CR2E034 (7/03)

REINSTATEMENT

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dec