

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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102

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

01 OCT 25 AM 11:22

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # M00000000583

1. Limited Liability Company's Name

Onsite Aviation, LLC

REINSTATEMENT 2001

2. Principal Office Address

7301 Parkway Drive

Suite, Apt. #, etc.

City & State

Hanover, MD

Zip

21076

Country

USA

3. Mailing Office Address

7301 Parkway Drive

Suite, Apt. #, etc.

Attn: Trish Jacoby

City & State

Hanover, MD

Zip

21076

Country

USA

4. State/Country of Formation

Maryland

5. Date Organized or Qualified To Do Business in Florida

3/27/00

6. FEI Number

52-2210266

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$3.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State FL

Zip Code

32301

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]

REGISTERED AGENT MUST SIGN

Date 10/24/01

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P	Thomas M. Thornton	7301 Parkway Drive	Hanover, MD 21076
VP,T	William Butz	"	"
S	Simon Robinson	"	"
			600004652896-8
			[Signature]

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 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]

Date 10/18/01 Daytime Phone # 410/579-3532

Typed or printed name of signing Managing Member/Manager William Butz

CR2E041 (9/01)

2002



ACCOUNT NO. : 072100000032
 REFERENCE : 178513 7113884
 AUTHORIZATION : *Patricia Pizub*
 COST LIMIT : \$ 155.00

ORDER DATE : October 24, 2001
 ORDER TIME : 9:58 AM
 ORDER NO. : 178513-010
 CUSTOMER NO: 7113884
 CUSTOMER: Ms. Patricia L. Jacoby
 Allegis Group, Inc.
 7301 Parkway Drive
 Hanover, MD 21076

REINSTATEMENT

NAME: ONSITE AVIATION, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds EXT 1133
 EXAMINER'S INITIALS _____

RECEIVED
 01 OCT 25 AM 10:25
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 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA