

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT

DIVISION OF CORPORATIONS

03 DEC 26 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M97000000255
Name and Mailing Address

0017055 01 FP 0.352 **PRSR T3 0 0615 11371

ALTEON TRAINING L.L.C.
C/O FLIGHTSAFETY INTERNATIONAL
MARINE AIR TERMINAL - LA GUARDIA AIRPORT
FLUSHING NY 11371

300025771353
12/26/03--01031--028 **150.00



2. New Mailing Address 100 N. Riverside Plaza MC 5003-4027 Chicago, IL 60606		4. State/Country of Formation DE	
5. Date Organized or Qualified To Do Business in Florida 05/09/1997		6. FEI Number 11-3372029	
Principal Place of Business C/O FLIGHTSAFETY INTERNATIONAL MARINE AIR TERMINAL - LA GUARDIA AIRPORT FLUSHING NY 11371-1061		7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 Laura D. [Signature] **SIGNATURE REQUIRED** Date 12-11-03
REGISTERED AGENT MUST SIGN

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	<u>UELTSCH, A.L.</u> <u>See Attached</u>	<u>MARINE AIR TERMINAL - LA GUARDIA AIRPORT</u>	<u>FLUSHING NY 11371</u>
MGR	<u>WILTMAN, B.N.</u>	<u>MARINE AIR TERMINAL - LA GUARDIA AIRPORT</u>	<u>FLUSHING NY 11371</u>
MGR	<u>WAUGH, J.S.</u>	<u>MARINE AIR TERMINAL - LA GUARDIA AIRPORT</u>	<u>FLUSHING NY 11371</u>
P	<u>SCOTT, GARY</u>	<u>N 8TH ST. PARK AVE. N BLDG. 10-60</u>	<u>KENTON WA</u>
MGR	<u>CVETOVICH, BRAD</u>	<u>N 8TH ST. PARK AVE. N. BLDG. 10-60, LOBBY</u>	<u>KENTON WA 98055</u>
MGR	<u>GERARD, BRYAN</u>	<u>OAKESDALE AVE SW</u>	<u>KENTON WA 98055</u>

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 GARY GEIKEN **SIGNATURE REQUIRED** Date 12/11/03 Daytime Phone 312-544-2537
Typed or printed name of signing Managing Member/Manager GARY GEIKEN

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Directors / Officers Report**As of 10/24/2003****Aleon Training L.L.C.****Directors**

Patrick W. Gaines	Director	Effective
Bryan E. Gerard	Director	12/16/2002
Raymond L. Marzullo	Director	10/17/2002
Richard S. Swindler	Director	10/17/2002
		3/17/2003

Officers

Patrick W. Gaines	President	Effective
Lynn S. Cockrum	Chief Financial Officer	12/3/2002
James C. Johnson	Secretary	12/3/2002
Geoffrey L. Carpenter	Treasurer	12/3/2002
Pamela M. Bell	Assistant Secretary	12/3/2002
Lynn E. Ristig	Assistant Secretary	12/3/2002
Amv Tu	Assistant Secretary	12/3/2002
Sarah N. Garvey	Asst. Secretary & Asst. Treasurer	12/3/2002
Garv A. Geiken	Asst. Secretary & Asst. Treasurer	12/3/2002
Elizabeth F. Bassler	Assistant Treasurer	12/3/2002
David A. Dohnalek	Assistant Treasurer	12/3/2002