Superior of Registered Agent   Registered agent of the above named limited liability company, an familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent   Registered		Pl	EASE READ	ALL INSTRI	UCTIO	ONS BEFORE	COMPLETI	ING T	HIS FORM.	
TALLAHASSEE, FLORIDA	C		Kar Sec	01 NOV 13 PM 12: 17						
2. Principal Office Address  101 Aviation Dr. North  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Naples, FL  Zp  Country  Zp  Augusta of Country  Zp  Augusta of Country  Zp  Country  State Address of Current Registered Agent  Name  Kabcenell, Jaimes H  City Aviation Dr. North  State Zp Code  FL  Stat			-	369			SECI TALL	RETAR AHASS	Y OF STATE SEE, FLORIDA	
101 Aviation Dr. North Suite. Apt #, etc.  Sui	EXPR	ESS.NET	AIRLINES LLC							
101 Aviation Dr. North Suite. Apt #, etc.  Sui							rin	ST	MEMENT	2001
Suite. Apt. #, etc.  Suite. Apt. #, etc.  Suite. Apt. #, etc.  Suite. Apt. #, etc.  City & State  Naples, FL  Zp  34 104  Suite. Apt. #, etc.  Registered Agent  Registered Ag	•			1		*				
City & State  Raples, FL  Naples, FL  Naples, FL  Applied For Status (Country State)  B. Neme and Address of Current Registered Agent  Applied For Status Desired (Samples of Status)  B. Neme and Address of Current Registered Agent  Name  Kabcenell, James H  Street Address (P.O. Box Number is Not Acceptable)  101 Aviation Dr. North  Sulte, Apt.#, Etc.  City  Naples  P. 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.  Signatur of Registered Agent  REGISTERED AGENT MUST SIGN  101 Aviation Corporation  102 Aviation Corporation  103 Aviation Dr. North  REGISTERED AGENT MUST SIGN  City / State / Zip  Managing Memberry Managers  MGRM  Clark Aviation Corporation  101 Aviation Dr. North  Naples, FL 34104  114. Lorstily that I am managing member/manager or the receiver or inside empowered to execute this application as provided for in chapter 608, F.S. I further certify that when thing pits reinstatement application in the reason for dissolution has been elaminated, the limited liability company name satisfies the requirements of section 606, 406, F.S., and the after oversity that the sating pits reinstatement application in the reason for dissolution has been elaminated, the limited liability company name satisfies the requirements of section 606, 406, F.S., and the after oversity that when the same and accurate, and my signature shall have the asternation indicated on this application is true and accurate, and my signature shall have the asternation and my signature shall have the asternation and my signature shall have the asternation indicated on this application is true and accurate, and my signature shall have the asternation and my signature shall have t			r. North	<del> </del>		Dr. North		· · · · · · · · · · · · · · · · · · ·		
City & State  Naples, FL  Naples, FL  Naples, FL  Appled For Net Applied  See FEI Number 36–4347515  Net Applied For Net Applied  Recountry 34104  See Name and Address of Current Registered Agent  Rabcenell, Jaimes H  Street Address (P.O. Box Number is Not Acceptable)  101 Aviation Dr. North  Suite, Apt. #, Etc.  City  Naples  FL  State  Applied For Net Applied  See Name and Address of Current Registered Agent  Name  Rabcenell, Jaimes H  Street Address (P.O. Box Number is Not Acceptable)  101 Aviation Dr. North  ********  155,000 *********  355,000 ********  355,000 ********  355,000 ********  34104  Suite, Apt. #, Etc.  City  Naples  FL  State  Applied For Net Applied For Net Acceptable (P.O. Box Number is Not Acceptable)  111/27/0101045	Suite, Apr. #, etc.									
Naples, FL  Zip  Zip  34104  3	City & State			City & State					1/5/00	
Substitute of Registered Agent   Registered agent of the above named limited liability company, an familiar with and accept the obligations of Chapter 608, F.S.	Naples		Naples,	Naples, FL						
8. Name and Address of Current Registered Agent  Name Kabcenell, Jaimes H Street Address (P.O. Box Number is Not Acceptable) 101 Aviation Dr. North 101 Aviation Dr. North Sulte, Apt #, Etc.  City Naples  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 REGISTERED AGENT MUST SIGN  10. Names and Street Addresses of Manyleing Memberu/Managers Titles Managing Memberu/Managers  Titles Managing Memberu/Managers  MGRM Clark Aviation Corporation 101 Aviation Dr. North Naples, FL 34104  11. Levitly Inst. 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 fing the uninstallement application that needs to execute this application as provided for in chapter 608, F.S. I further certify that when fing the uninstallement application for reason for disactution has been aliminated, the limited liability company name satisfies the requirements of section 608, 406, F.S., and the all fees coved 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 effects as if made under ceth.	•		ountry	1 1		Country	7.		\$5.00 Additi	onal Fee required
Name Kabcenell, James H Street Address (P.O. Box Number is Not Acceptable) 101 Aviation Dr. North ####155_00 ####] Sulte, Apt #, Etc.  City Naples  State City Naples  State REGISTERED AGENT MUST SIGN  Dete 11/6/01  10. Names and Street Addresses of Manipsing Members/Managers  Titles Managing Members/Managers  MGRM Clark Aviation Corporation 101 Aviation Dr. North Naples, FL 34104  11. Leartily 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 cardity that when fall fields over duty the limited liability company name satisfies the requirements of section 608, 406, F.S., and the 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 effects in made under cath.	34104							- 07 31711	for a Certi	ficate of Status
REGISTERED AGENT MUST SIGN  10. Names and Street Addresses of Managing Members/Managers  Titles Managing Members/Managers Street Address of Each Managing Members/Manager City / State / Zlp  MGRM Clark Aviation Corporation 101 Aviation Dr. North Naples, FL 34104  11. Locrity 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 name satisfies the requirements of section 608,406, F.S., and the safe finade under oath.	_	Street Address 101 Suite, Apt. #.  City Nap1 appointed the re-	s (P.O. Box Number is N Aviation Dr. Etc.	iot Acceptable) North	ability com	pany, am familiar with an		State FL	11/27/010104 ****155,00 *** Zp.Code 34104	5013
Titles Managing Members/ Managers Street Address of Each Managing Members/ Manager City / State / Zip  MGRM Clark Aviation Corporation 101 Aviation Dr. North Naples, FL 34104  11. Learlity 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 filling 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 the 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 effects of the company name of the same legal effects of the company name of the same legal effects of the company name of the same legal effects of the company name of the same legal effects of the company name of the same legal effects of the company name of the same legal effects of the company name of the same legal effects of the company name of the same legal effects of the company name of the same legal effects of the company name of the same legal effects of the same legal effects of the company name of the same legal effects of the same lega	Registered A	Agent	> rtc	EGISTERED AGEN	T MUST S	NOIS		Date	11/6/01	
MGRM Clark Aviation Corporation 101 Aviation Dr. North Naples, FL 34104  11. Learlity 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 had lifted in the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that had lifted in the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filting 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 shell have the same legal effects in the same legal effects of the contract of the contr	<b>10.</b> Name:	s and Street Add		mbers/Managers				τ		
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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 all files own the limited liability company name satisfies the requirements of section 608,406, F.S., and the 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 effects if made under oath.	MGRM	Clark	Aviation Cor	poration	101 /	Aviation Dr.	North	Nap1	es, FL 34104	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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Managing Member/Manager Date 1170701 Daytime Phone# (941) 049 0000	filing the all fees as if ma Signature of Managing M	its reinstatement cowed by the lim ade under oath. f fember/Manage	epplication the reason for ited liability company have	or dissolution has been paid. The inf	en eliminal	ted, the limited liability con ndicated on this application	mpany name satisfic on is true and accum	ss the requ ata, and m	ulrements of section 608.406, ny signature shall have the sa	F.S., and that me legal effect