


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE
		<b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Limited Liability Company's Name

EXPRESS.NET AIRLINES LLC

2. Principal Office Address

101 Aviation Dr. North

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34104

Country

3. Mailing Office Address

101 Aviation Dr. North

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34104

Country

**REINSTATEMENT** 2001

4. State/Country of Formation  
FL

5. Date Organized or Qualified  
To Do Business in Florida

1/5/00

6. FEI Number

36-4347515

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

Kabcenell, James H

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

101 Aviation Dr. North

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34104

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

Date 11/6/01

**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	Clark Aviation Corporation	101 Aviation Dr. North	Naples, FL 34104

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

Date 11/6/01

Daytime Phone# (941) 649-6800

Typed or printed name of signing Managing Member/Manager