

Division of Corporations

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Florida Department of State
Division of Corporations
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Division of Corporations
 Fax Number : (850) 205-0383

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Account Name : CUNNINGHAM, MILLER, HEFFERNAN, HAMILTON & WOLFE
 Account Number : I19980000100
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BK

LIMITED LIABILITY REINSTATEMENT

PALMER AIR, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$205.00

TAMP VIEWER

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Page 1 of 2

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 SEP -5 PM 4:11
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Cunningham Law

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JOLLY DEVELOPMENT

0002
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TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Jim Smith Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

PALMER AIR, L.L.C.

L 00000001 395

2. Principal Office Address

3883 Rogers Bridge Rd.

Suite, Apt. #, etc.

Suite 703

City & State

Duluth, Georgia

Zip

30097

Country
USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

300

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

2/8/2002

6. FEI Number

65-0991761

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

H. P. Jolly, Jr.

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

250 West Seaview Circle

Suite, Apt. #, Etc.

City Duck Key

State
FL

Zip Code

33050

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

Date 9/5/2002

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	H. P. Jolly, Jr.	Suite 703 3883 Rogers Bridge Rd.	Duluth, Georgia 30097
MGRM	Warren S. Jolly	Suite 703 3883 Rogers Bridge Rd.	Duluth, Georgia 30097

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 608.408, 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 9/5/2002

Daytime Phone# 678-475-1800

H. P. Jolly, Jr.

Typed or printed name of signing Managing Member/Manager

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