

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT-30-AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000001395

Name and Mailing Address

0015829 01 MB 0.309 **AUTO TB 0 0615 30097-284978



PALMER AIR, LLC
3883 ROGERS BRIDGE ROAD, SUITE 703
DULUTH GA 30097-2849



CR2E034 (7/03)

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 02/08/2000	
Principal Place of Business 3883 ROGERS BRIDGE ROAD, SUITE 703 DULUTH GA 30097	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-0991761	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent JOLLY, H. P. JR. 250 WEST SEAVIEW CIRCLE DUCK KEY FL 33050	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 600024289486 10/30/03--01051--D14 **50.00 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 **SIGNATURE REQUIRED** Date _____

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	JOLLY, H. P. JR.	3883 ROGERS BRIDGE ROAD, SUITE 703	DULUTH GA 30097
MGRM	JOLLY, WARREN S	3883 ROGERS BRIDGE ROAD, SUITE 703	DULUTH GA 30097

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 **SIGNATURE REQUIRED** Date _____ Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager

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PALMER AIR, L.L.C.
3883 ROGERS BRIDGE ROAD
SUITE 703
DULUTH, GEORGIA 30097
678-475-1800 Telephone
678-475-1801 Fax

October 21, 2003

Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, Florida 32314-6327

Re: Document # L00000001395

To Whom It May Concern:

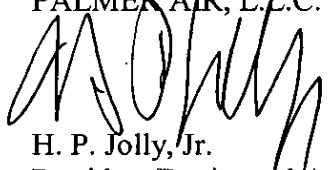
Please accept this letter as notification that we did not receive the prior UBR notice. We are responding immediately upon receipt of the attached reinstatement notice. We sincerely apologize for any inconvenience this late registration may cause you.

Please find attached our check in the amount of \$50.00 to reinstate Palmer Air, L.L.C.

If you have any questions or need additional information, please feel free to contact my secretary Toni at the above stated number x 111 and I will make myself available to you. Thank you in advance for your understanding in this matter.

Respectfully,

PALMER AIR, L.L.C.



H. P. Jolly, Jr.
President/Registered Agent