

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

1. DOCUMENT # L00000003094

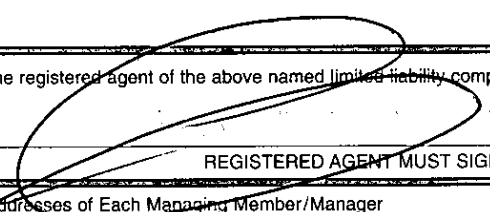
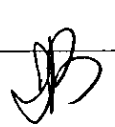
Name and Mailing Address

0009087 01 FP 0.352 **PRSR HT 0 0615 32118-397690
WORLDWIDE AIRSHIP OPERATIONS, L.L.C.
444 SEABREEZE BLVD., SUITE 740
DAYTONA BEACH FL 32118-3976

REINSTATEMENT



02 DEC 18 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. New Mailing Address 3000 North Atlantic Avenue, Floor 21 City, State, Zip Daytona Beach, FL 32118		4. State/Country of Formation FL	
Principal Place of Business 444 SEABREEZE BLVD., SUITE 740 DAYTONA BEACH FL 32118		5. Date Organized or Qualified To Do Business in Florida 03/17/2000	
3. New Principal Place of Business Address 3000 North Atlantic Ave City, State, Zip Daytona Beach, FL 32118		6. FEI Number 52-2265741	
8. Name and Address of Current Registered Agent HOOD, CHARLES D JR. 444 SEABREEZE BLVD., SUITE 900 DAYTONA BEACH FL 32118		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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  Date 12/12/02 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
MGR	BARTH, ALBRECHT R	444 SEABREEZE BLVD., SUITE 740	DAYTONA BEACH FL 32118
MGR	Barth, Albrecht	Floor 21 3000 North Atlantic Ave.	Daytona Beach, FL 32118
		200009567952 12/18/02--01011--001 **150.00	
			

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

Date 11/22/02 Daytime Phone #

Albrecht Barth