

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L00000003723

Entity Name: RELIANCE AVIATION - MIAMI, LLC

**FILED**  
**Oct 31, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

14532 SW 129TH ST  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

5360 NW 20TH TERRACE  
SUITE 206  
FT LAUDERDALE, FL 33309

**New Mailing Address:**

14532 SW 129TH ST  
MIAMI, FL 33186

FEI Number: 65-0995851      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

OLLE, DENNIS J  
2601 S. BAYSHORE DR., STE 1600  
MIAMI, FL 33133 US

**Name and Address of New Registered Agent:**

OLLE, DENNIS J  
4000 INTERNATIONAL PLACE  
100 SE 2ND STREET - SUITE 4000  
MIAMI, FL 33131 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DENNIS J. OLLE

10/31/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: RELIANCE AVIATION MA, NAGEMENT, LLC  
Address: 5360 NW 20TH TERRACE  
City-St-Zip: FT LAUDERDALE, FL 33309

**ADDITIONS/CHANGES:**

Title: CFO (X) Change ( ) Addition  
Name: OSHEA, ANDREW M  
Address: 14532 SW 129TH STREET  
City-St-Zip: MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ANDREW M. OSHEA

CFO

10/31/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date