


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

01 NOV -5 PM 12:17

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **L00000004352**

1. Limited Liability Company's Name

ECS AVIATION, LLC

2. Principal Office Address

1001 IVES DAIRY RD

Suite, Apt. #, etc.

206

City & State

NORTH MIAMI, FL

Zip

Country

33179

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 2001

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$300 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

JEFFREY SCHILLINGER

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

1001 IVES DAIRY RD

Suite, Apt. #, Etc.

206

City

NORTH MIAMI

~~300004685363-3~~

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~~****150.00 ****150.00~~

State

FL

Zip Code

33179

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

Jeffrey Schillinger

REGISTERED AGENT MUST SIGN

Date **10/23/01**

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
Ms. member	David Schillinger	1001 Ives Dairy Rd	N. Miami FL 33179
↓	Jeffrey Schillinger	1001 Ives Dairy Rd	N. Miami FL 33179
↓	CRAIG FICUS	1001 Ives Dairy Rd	N. Miami FL 33179

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

Jeffrey Schillinger

Date **10/23/01**

Daytime Phone # **305-944-9990**

Typed or printed name of signing Managing Member/Manager

JEFFREY SCHILLINGER

CR2EM1 (9/01)