

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Smith
DIVISION OF CORPORATIONS

L00000005338

FILED

1. DOCUMENT # L00000005338

Name and Mailing Address

02 DEC 30 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0005772 01 FP 0.352 **PRST T8 0 0615 34210-401053



AEROGLOBE, LLC

4119 61ST AVENUE TERRACE, WEST, SUITE 205C
BRADENTON FL 34210-4010

700009734727

12/30/02--01029--003 **150.00



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 4119 61ST AVENUE TERRACE, WEST, SUITE 205C BRADENTON FL 34210-0080		5. Date Organized or Qualified To Do Business in Florida 05/03/2000	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number NOT APPLICABLE	
8. Name and Address of Current Registered Agent CYBULSKI, JOHN M 4119 61ST AVENUE TERRACE, WEST, SUITE 205C BRADENTON FL 34210-0080		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 REGISTERED AGENT MUST SIGN Date <u>Dec 25/02</u>	
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	CYBULSKI, JOHN M	4119 61ST AVE. TER. W. SUITE 205C	BRADENTON FL 34210
REINSTATEMENT <u>2002</u>			
AL			

CR2E084 (8/02)

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 Dec 25/02 Daytime Phone # 704-905-7891

Typed or printed name of signing Managing Member/Manager JOHN M. CYBULSKI