


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b> <i>2001</i> <i>LLCR</i>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> <b>01 NOV -7 PM 12:17</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
<b>DOCUMENT #</b> <i>L-7940</i>					
<b>1. Limited Liability Company's Name</b> <i>STARR AIR &amp; TRANSPORTATION, LLC</i>					
<b>2. Principal Office Address</b> <i>1625 RIVERSIDE DR</i>		<b>3. Mailing Office Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>HOLLY HILL, FLORIDA</i>		City & State			
Zip <i>32117</i>	Country <i>U.S.A.</i>	Zip	Country		
		<b>4. State/Country of Formation</b> <i>FLORIDA</i>			
		<b>5. Date Organized or Qualified To Do Business in Florida</b> <i>6/15/2001</i>			
		<b>6. FEI Number</b> <i>59-3656424</i>		<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>			
<b>8. Name and Address of Current Registered Agent</b>					
Name <i>DOUGLAS W. MILES</i>					
Street Address (P.O. Box Number is Not Acceptable) <i>1625 RIVERSIDE DRIVE</i> <i>400004688804</i> <i>--2</i>					
Suite, Apt. #, Etc. <i>11/20/01-01030-001</i> <i>*****50.00 *****50.00</i>					
City <i>HOLLY HILL</i>				State <i>FL</i>	Zip Code <i>32117</i>
<b>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.</b>					
Signature of Registered Agent <i>X</i> <i>[Signature]</i> Date _____					
REGISTERED AGENT MUST SIGN					
<b>10. Names and Street Addresses of Managing Members/Managers</b>					
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager		City / State / Zip	
<i>MANG- MEM</i>	<i>DOUGLAS W. MILES</i>	<i>1625 RIVERSIDE DR</i>		<i>HOLLY HILL, FL 32117</i>	
<b>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.</b>					
Signature of Managing Member/Manager <i>X</i> <i>[Signature]</i> Date <i>10/22/01</i> Daytime Phone # _____					
Typed or printed name of signing Managing Member/Manager <i>DOUGLAS W. MILES</i>					

CR2E041 (9/00)