

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # ~~L00000001173~~

1. Limited Liability Company's Name

TOP FLIGHT RK, L.L.C.  
L00000011730

2. Principal Office Address

11946 SW 44th St.

Suite, Apt. #, etc.

City & State

Davie, Florida

Zip

33330

Country

USA

3. Mailing Office Address

11946 SW 44th St.

Suite, Apt. #, etc.

City & State

Davie, Florida

Zip

33330

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified

To Do Business in Florida  
September 27, 2000

6. FEI Number

65-1089248

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

James Innella

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

11946 SW 44th St.

Suite, Apt. #, Etc.

N/A

City

Davie

State

FL

Zip Code

33330

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\*\*\*150.00 \*\*\*150.00

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

James Innella  
REGISTERED AGENT MUST SIGN

Date 12/10/01

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

President James Innella 11946 SW 44th St. Davie, FL 33330

REINSTATEMENT

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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

James Innella

Date

12/10/01

Daytime Phone #

954-424-1374

Typed or printed name of Managing Member/Manager

James Innella