

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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DOCUMENT #

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1. Limited Liability Company's Name

TOP FLIGHT RK, L.L.C.
L00000011730

2. Principal Office Address

3. Mailing Office Address

11946 SW 44th St.

11946 SW 44th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Davie, Florida

City & State

Davie, Florida

Zip

33330

Country

USA

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
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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
James Innella

Date 12/10/01

Daytime Phone # 954-424-1374

Typed or printed name of Managing Member/Manager

James Innella

CR2E041 (9/01)