

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  
01 NOV 26 PM 4: 15

DOCUMENT # L00000013680

1. Limited Liability Company's Name

Jet Transportation, LLC

300004716763--7  
-12/10/01--01083-019  
\*\*\*\*155.00 \*\*\*\*155.00

2. Principal Office Address

1248D NW Sun Terrace Circle 1248D NW Sun Terrace Circle

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Port St Lucie, FL

City & State

Port St Lucie, FL

Zip

34986

Country

USA

Zip

34986

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

11/03/00

6. FEI Number

65-1057531

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$3.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

Joe Tarnowski

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

1248 NW Sun Terrace Circle

Suite, Apt. #, Etc.

City

Port St Lucie

State

FL

Zip Code

34986

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

REGISTERED AGENT MUST SIGN

Date

11/23/01

**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
MGRM	Joe Tarnowski	1248D Sun Terrace Circle	Port St Lucie, FL 34986

**REINSTATEMENT**

2001

Rein 100  
UBR 50  
CUS 5  
155 KP

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

Date

11/23/01

Daytime Phone #

561-340-0997 (home)

561-370-5638 (cell)

Typed or printed name of signing Managing Member/Manager

Joe Tarnowski