

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 MAR -8 PM 4:59

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # L01000003085**

1. Limited Liability Company's Name

LOGAN JET, LLC

2. Principal Office Address

4032 Red Rock Lane

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34231

Country

US

3. Mailing Office Address

4032 Red Rock Lane

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34231

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

02/28/01

6. FEI Number

651089660

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

Donald J. Harrell, Esq.

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

1776 Ringling Blvd.

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34236

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

*Donald J. Harrell*

Date

2/23/04

REGISTERED AGENT MUST SIGN

**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
MGR	Samuel Logan	4032 Red Rock Lane	Sarasota, FL 34231

**REINSTATEMENT**

2003-2004

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

*Samuel Logan*

Date

2/23/04

Daytime Phone #

941-356-1704

Typed or printed name of signing Managing Member/Manager

SAMUEL LOGAN