PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY	DEPARTMENT OF STATE Secretery of State Ision of corporations		FILED 09 0CT 21 PM 1: 49
DOCUMENT # LO100004080 1. Limited Liability Company's Name AVIATION RESOURCES, LLC		SECRETARY OF STATE TALLAHASSEE, FLORIDA 900161714999 10714/0901042002 **282.50	
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address		CR2E041 (10/08)	
420 College Drive Same		4. State/Country of Formation	
Suite, Apt. #, etc. Suite, Apt. #, etc.		Florida 5. Date Organized or Qualified 7/10	
City & State City & State		To Do Business in Florida 3/16/2001	
Middleburg, Florida	Country	6. FEI Number	85510 Applied For Not Applicable
32068 Clay	Country	CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent		,	
Street Address (P.O. Box Number is Not Acceptable) 420 College Drive Suite, Apt. #, Etc. Suite # 207 City Middleburg State Zip Code FL 32068		A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.	
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 Date 10/13/09 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers	r		
Titles Name of Managing Members/ Managers	Street Address of Each Managing Member/Manag		City / State / Zip
MGRM Sharon J. Ballgae	420 College Drive,	Suiteaon	Middleburg, FZ 32068
MARM Marc E. Ballgae	420 College Drive, S	Suite 2017	Middleburg, FL 32068
]
REINSTATEMENT			
202-09			
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 filling 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 10/13/09 Daytime Phone # 904-264-0097			
Typed or printed name of signing Managing Member/Manager Sharon J. Ballgae			