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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
L01000004672
FLORIDA DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L01000004672

Name and Mailing Address

03 MAY 12 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0011565 01 SP 0.370 **SGLP 0615 33408

SPIN OFF FLIGHTS, LLC
10993 STATE RT. 703 (A1A)
NORTH PALM BEACH FL 33408



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 10993 STATE RT. 703 (A1A) NORTH PALM BEACH FL 33408-3441		5. Date Organized or Qualified To Do Business in Florida 03/22/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number Applied For Not Applicable	
8. Name and Address of Current Registered Agent O'NEILL, CHRISTINE A 10993 STATE RT. 703 (A1A) NORTH PALM BEACH FL 33408-3441		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
10. 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 <i>Christine O'Neill</i> Date <i>3-13-03</i> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<i>mgr</i>	<i>Christine O'Neill</i>	<i>10993 State Rd A1A</i>	<i>N. Palm Beach FL 33408</i>
12. 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 <i>Christine O'Neill</i> Date <i>5-7-03</i> Daytime Phone # <i>561-310-2220</i> Typed or printed name of signing Managing Member/Manager <i>Christine O'Neill</i>			

CR2E084 (8/02)

REINSTATEMENT

0203
Jee