

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
John Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

2002 DEC 20 AM 11:12

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000008051

Name and Mailing Address

0010673 01 FP 0.352 **PRSRT HO 0 0615 34946-902204



MOBARAK AIRCRAFT, L.L.C.
3804 ST LUCIE BLVD
FORT PIERCE FL 34946-9022



2. New Mailing Address

City, State, Zip

Principal Place of Business

3804 ST LUCIE BLVD
FORT PIERCE FL 34946

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

05/18/2001

6. FEI Number

65-1109296

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

PILOTTE, FRANK T
340 ROYAL PALM WAY, STE 100
PALM BEACH FL 33480

9. Name and Address of New Registered Agent

Name MARTIN MOBARAK
Street Address (P.O. Box Number is Not Acceptable)
3804 ST LUCIE BLVD
City FORT. PIERCE FL Zip Code 34946

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

Date NOV-12-02

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
MGRM	MARTIN MOBARAK	3804 ST. LUCIE BLVD.	FORT PIERCE, FL 34946

REINSTATEMENT 2002

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

Date

08/12/02

Daytime Phone #

772 465 7711

CR2E084 (8/02)