

# L01000013382

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2003 OCT 23 AM 9:55

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT # L01000013382

1. Limited Liability Company's Name

SILBERMAN COBRA HELICOPTER, LLC.

2. Principal Office Address

22296 NW 75TH AVE-RD

Suite, Apt. #, etc.

3. Mailing Office Address

22296 NW 75TH AVE-RD

Suite, Apt. #, etc.

City & State

MICANOPY, FL

City & State

MICANOPY, FL

Zip

32667

Country

USA

Zip

32667

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business In Florida

8-10-2001

6. FEI Number

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

JOHN P SILBERMAN

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

22296 NW 75TH AVE-RD.

Suite, Apt. #, Etc.

800024422368

11/01/03 01000 001 \*\*50.00

City

MICANOPY,

State

FL

Zip Code

32667

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

*John P. Silberman*  
REGISTERED AGENT MUST SIGN

Date 10-17-03

**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	JOHN P SILBERMAN	22296 NW 75TH AVE-RD	MICANOPY, FL 32667

REINSTATEMENT

2003 2

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

*John P. Silberman*

Date 10/17/03

Daytime Phone # 352-591-2993

Typed or printed name of signing Managing Member/Manager

JOHN P SILBERMAN

CR2E041 (10/02)

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**Silberman Cobra Helicopter LLC**

22296 NW 75<sup>th</sup> Avenue Road  
Micanopy, FL 32667-7405  
Voice 352-591-2993 Fax 352-591-5003

FILED

2003 OCT 23 AM 9:55

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

October 17, 2003

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Reference Number L01000013382  
Silberman Cobra Helicopter, LLC.  
Reinstatement Fee

To Whom It May Concern:

We are requesting a waiver of the \$100.00 reinstatement fee because the mailing address on our 2002 report was changed and accepted as filed on 9-19-2002, however it was not changed on the State's records. We therefore did not receive any UBR forms or notices.

Per my conversation with Marsha of your office this afternoon, we are providing you with this letter of explanation and are enclosing only \$50.00 with the enclosed report.

If you have additional questions or need further information, please contact Fred Gordon or John Silberman at (352) 591-2993.

Sincerely,



John P Silberman  
Managing Member

Enclosures (2)