

12/31/2002 14:46 FAX 407 841 8746

ARNOLD, MATHENY, & EAGAN,

Division of Corporations

001

Page 1 of 2

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Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 205-0383

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Account Number : I20000000141
Phone : (407) 841-1550
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DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

GOLDEN DOLPHIN AIR LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$150.00

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02 DEC 31 AM 3:27
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12/31/2002 14:46 FAX 407 841 8746

ARNOLD, MATHENY, & EAGAN,

002

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

HO2000242815 7
**APPLICATION
FOR
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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1. DOCUMENT # L01000014224

Name and Mailing Address

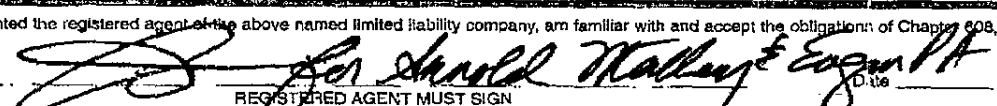
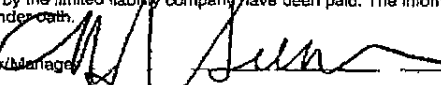
0011828 01 IN 0.000

0615 32691

GOLDEN DOLPHIN AIR LLC
17401 SE COUNTY HWY 475
SUMMERFIELD FL 32691

REINSTATEMENT 2002



2. New Mailing Address 801 N. Magnolia Avenue, Suite 201 (Attn: A. Louv) City, State, Zip Orlando, FL 32803		4. State/Country of Formation FL	
Principal Place of Business 17401 SE COUNTY HWY 475 SUMMERFIELD FL 32691		5. Date Organized or Qualified To Do Business in Florida 08/22/2001	
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 ARNOLD, MATHENY & EAGAN, P.A. 801 N. MAGNOLIA AVE. SUITE 201 ORLANDO FL 32802		7. CERTIFICATE OF STATUS DESIRED ☐ \$6.00 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  12/31/02 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
MGR.	SIEMER, MICHAEL A.	17401 S.E. County Road 475	Summerfield, FL 34491
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 12/31/02 Daytime Phone # 407-841-1550 Typed or printed name of signing Managing Member/Manager HO2000242815 7			