L01000014224

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

From:
Account Name : ARNOLD MATHENY & EAGAN, P.A.
Account Number : I20000000141
Phone : (407)841-1550
Fax Number : (407)841-8746

RECEIVED
02 DEC 31 PM 2:54
DIVISION OF CORPORATION

12/12/31

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC 31 AM 3:27

LIMITED LIABILITY REINSTATEMENT

GOLDEN DOLPHIN AIR LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$150.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC 31 AM 3:27

1. DOCUMENT # L01000014224
Name and Mailing Address

0011826 01 IN 0.000 0615 32691

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

REINSTATEMENT 2002

CR2E084 (8/02)

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

5. Date Organized or Qualified To Do Business in Florida
08/22/2001

Principal Place of Business
17401 SE COUNTY HWY 475
SUMMERFIELD FL 32691

3. New Principal Place of Business Address
City, State, Zip

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
ARNOLD, MATHENY & EAGAN, P.A.
801 N. MAGNOLIA AVE. SUITE 201
ORLANDO FL 32802

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 For Arnold Matheny & Eagan PA Date 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

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