

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-26-03  
300.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUN 21 AM 9:11

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L01000015534

1. Limited Liability Company's Name

AIRLINE HIGHWAY, LLC

2. Principal Office Address

1280 W. Newport Center Dr.

Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

Zip

33442

Country

U.S.A.

3. Mailing Office Address

1280 W. Newport Center Dr.

Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

Zip

33442

Country

U.S.A.

CR2E041 (8/05)

*[Handwritten signature]*

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

9/11/01

6. FEI Number

90-0008622

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

Sheila L. O'Boyle

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

23 North Hidden Harbour Drive

Suite, Apt. #, Etc.

City

Gulf Stream, FL 33483

State

FL

Zip Code

33483

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

*Sheila L. O'Boyle*  
REGISTERED AGENT MUST SIGN

Date

5/30/06

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	Martin E. O'Boyle	1280 West Newport Center Dr.	Deerfield Beach, FL 33442

700076752867

05/30/06-01014-017 \*\*305.00

REINSTATEMENT 03-06

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

*[Handwritten signature]*

Date 5/30/06

Daytime Phone# 954-360-7713

Typed or printed name of signing Managing Member/Manager Martin E. O'Boyle