9-16-05
200.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 OCT 27 PM 4:19

DOCUMENT # L01000016117

CR2E041 (8/05)

1. Limited Liability Company's Name: Aviation Jet Charters, LLC

2. Principal Office Address	3. Mailing Office Address
1380 Sarno Rd	1380 Sarno Rd
Suite A	Suite A
Melbourne FL	Melbourne FL
Zip 32935 Country USA	Zip 32935 Country USA

4. State/Country of Formation: Florida, USA

5. Date Organized or Qualified To Do Business in Florida: Oct 20 2001

6. FEI Number: 593745935 (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: Tom Miszewski
500080467945
10/04/06--01045--026 **155.00
Street Address (P.O. Box Number is Not Acceptable): 1380 Sarno Road
Suite, Apt. #, Etc.: Suite A
City: Melbourne State: FL Zip Code: 32935

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 _____ Date _____
REGISTERED AGENT MUST SIGN

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
MGR	Brendan Hurley	1380 Sarno Rd Suite A	Melbourne, FL 32935
MGR	Tom Miszewski	1380 Sarno Rd Suite A	Melbourne, FL 32935
MGR	GARY Flaugher	1380 Sarno Rd Suite A	Melbourne FL 32935

500080457945
11/02/06--01027--023 **50.00

REINSTATEMENT 2005-06

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 _____ Date 10-3-06 Daytime Phone # 321-574-5935

Typed or printed name of signing Managing Member/Manager GARY FLAUGHER

131 593745935