


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
2004 MAY 24 PM 4:54
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L010000/9742

1. Limited Liability Company's Name

AIR-QUEST CHARTERS, LLC.

2. Principal Office Address

13019 Lakeshore Grove Dr.

Suite, Apt. #, etc.

City & State

Winter Garden FL

Zip

34787

Country

USA

3. Mailing Office Address

13019 Lakeshore Grove Dr.

Suite, Apt. #, etc.

City & State

Winter Garden

Zip

FL

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

11-15-2001

6. FEI Number

60-0002696

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

ANDREW J PAULEKAS

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

13019 LAKESHORE GROVE DRIVE

Suite, Apt. #, Etc.

City

WINTER GARDEN

State

FL

Zip Code

34787

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



REGISTERED AGENT MUST SIGN

Date 5-20-04

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
MEM	ANDREW J. PAULEKAS	13019 LAKESHORE GROVE DR.	WINTER GARDEN, FL 34787

900037059949

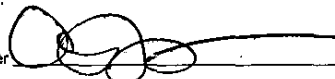
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REINSTATEMENT

2002-04

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 5-20-04

Daytime Phone # 407-312-2209

Typed or printed name of signing Managing Member/Manager

ANDREW J. PAULEKAS

CR20041 (10/02)