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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L01000021565

APPLICATION FOR REINSTATEMENT



Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
2002 NOV 26 PM 12:29
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000021565

Name and Mailing Address

0007471 01 FP 0.352 **PRSRT T3 0 0615 32789-265711
WINTER PARK AVIATION COMPANY, LLC
1511 VIA TUSCANY DRIVE
WINTER PARK FL 32789-2657



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/12/2001	
Principal Place of Business 1511 VIA TUSCANY DRIVE WINTER PARK FL 32789	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent HANCOCK, SUSAN A 1511 VIA TUSCANY DRIVE WINTER PARK FL 32789	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Susan Hancock Date 10/30/02
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
MGRM	HANCOCK, SUSAN A	1511 VIA TUSCANY DRIVE	WINTERPARK FL 32789

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11/26/02--01084--009 **150.00

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 Susan Hancock Date 10/30/02 Daytime Phone # 407-644-0149

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)