


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b>
		<b>Glenda E. Hood</b> Secretary of State DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 NOV 10 PM 4:05

1. **DOCUMENT #** L01000021565  
Name and Mailing Address

0003200 01 AT 0.292 \*\*AUTO T4 0 0615 32789-265711  
WINTER PARK AVIATION COMPANY, LLC  
1511 VIA TUSCANY DRIVE  
WINTER PARK FL 32789-2657

700024527647  
11/10/03--01001--018 \*\*150.00



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		6. FEI Number APPLIED FOR
	City, State, Zip		Applied For 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		9. Name and Address of New Registered Agent	
HANCOCK, SUSAN A 1511 VIA TUSCANY DRIVE WINTER PARK FL 32789		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 *[Signature]* **SIGNATURE REQUIRED** Date 11/3/03  
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	WINTER PARK FL 32789

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 *[Signature]* **SIGNATURE REQUIRED** Date 11/1/03 Daytime Phone # 407-644-0149  
Typed or printed name of signing Managing Member/Manager HANCOCK

CR2E084 (7/03)