

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Neda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 31 PM 5:57

1. DOCUMENT # L02000001531

Name and Mailing Address

0001762 01 AT 0.292 **AUTO T8 0 0615 32225-657478



SAMCO AVIATION, LLC
9951 ATLANTIC BLVD.
SUITE 303
JACKSONVILLE FL 32225-6574



2. New Mailing Address 228 PONTE VEDRA PARK A SUITE 500		4. State/Country of Formation FL	
City, State, Zip PONTE VEDRA BEACH, FL 32082		5. Date Organized or Qualified To Do Business in Florida 01/17/2002	
Principal Place of Business 9951 ATLANTIC BLVD. SUITE 303 JACKSONVILLE FL 32225	3. New Principal Place of Business Address 228 PONTE VEDRA PARK DR City, State, Zip PONTE VEDRA BEACH FL 32082	6. FEI Number 35-2160961	Applied For <input type="checkbox"/> Not Applicable
8. Name and Address of Current Registered Agent DEBIASE, MARK J 9951 ATLANTIC BLVD. SUITE 303 JACKSONVILLE FL 32225		9. Name and Address of New Registered Agent Name MARK J. DEBIASE Street Address (P.O. Box number is not acceptable) 228 PONTE VEDRA PARK A #500 PONTE VEDRA BEACH FL 32082	
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 10/22/05 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s) managing member	Name of Managing Members/Managers Mark J. DeBriase	Street Address of Each Managing Member/Manager 228 Ponte Vedra Park A #500	City / State / Zip Ponte Vedra FL 32082
		500024165895	10/27/03 01056 010 **150.00
REINSTATEMENT 03 du			
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 10/22/05	Daytime Phone # 904 280-6973
Typed or printed name of signing Managing Member/Manager			

CR2E084 (7/03)