

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

FILED

2004 OCT 20 AM 11:54

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000002618

Name and Mailing Address

0014452 01 AT 0.292 \*\*AUTO T2 0 0615 34108-676399



MICHAEL R. WALLACE AVIATION, LLC  
8665 BAY COLONY DRIVE  
NAPLES FL 34108-6763



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 02/01/2002	
Principal Place of Business 8665-BAY-COLONY-DRIVE NAPLES FL 34108	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
8. Name and Address of Current Registered Agent WALLACE, MICHAEL R 8665 BAY COLONY DRIVE NAPLES FL 34108		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent 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 <u>Michael R. Wallace</u> Date <u>10/28/03</u> 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
MANAGER	Michael R. Wallace	8665 Bay Colony Dr	NAPLES, FL 34108
		900041007169	09/13/04--01058--009 **200.00
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 <u>Michael R. Wallace</u>		Date <u>10/28/03</u> Daytime Phone # <u>(917) 737-1449</u>	
Typed or printed name of signing Managing Member/Manager <u>Michael R. Wallace</u>			

CR2E084 (7/03)

**REINSTATEMENT** 2003-04