

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L02000005055 **55**
 FILED
 FLORIDA DEPARTMENT OF STATE
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
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 5/24/04

DOCUMENT # L02000005055
 1. Limited Liability Company's Name
 Runway 707, LLC
REINSTATEMENT 2003
 2004

200028732612
 02/13/04--01034--016 **200.00

2. Principal Office Address 2225 Belvedere Road Suite, Apt. #, etc.		3. Mailing Office Address 523 North Oak Street Suite, Apt. #, etc.	
City & State West Palm Beach, FL		City & State Hendersonville, NC	
Zip 33406	Country USA	Zip 28739	Country USA

4. State/Country of Formation Florida / Palm Beach	
5. Date Organized or Qualified To Do Business in Florida March 4, 2002	
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

Name Paxman, John T.	
Street Address (P.O. Box Number is Not Acceptable) 1832 North Dixie Highway	
Suite, Apt. #, Etc.	
City Lake Worth	State FL
Zip Code 33460	

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 _____ Date February 10, 2004
 REGISTERED AGENT MUST SIGN

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
MGRM	Hansley, Carl	523 North Oak Street	Hendersonville, NC 28739
		2003-2004	
	REINSTATEMENT		

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 2/10/04 Daytime Phone# 561.547.2424.
 Typed or printed name of signing Managing Member/Manager John T. Paxman, as Attorney

CR2E041 (10/02)