

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** L02 000006612

**1. Limited Liability Company's Name**

Butler Air Group - Florida, LLC

**2. Principal Office Address**

14605 Beach Boulevard

Suite, Apt. #, etc.

Suite 700

City & State

Jacksonville, FL

Zip

32250

Country

USA

**3. Mailing Office Address**

1010 Leadenhall Street

Suite, Apt. #, etc.

City & State

Alpharetta, GA

Zip

30022

Country

USA

**4. State/Country of Formation**

Florida

**5. Date Organized or Qualified  
To Do Business in Florida**

March 18, 2002

**6. FEI Number**

58-2534655

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED ☐**

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

Alan W. Butler, Manager

Street Address (P.O. Box Number is Not Acceptable)

14255 Beach Boulevard

Suite, Apt. #, Etc.

Suite D

City

Jacksonville

State

FL

Zip Code

32250

**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

REGISTERED AGENT MUST SIGN

Date

2/25/04

**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
MGR	Alan W. Butler	1010 Leadenhall Street	Alpharetta, GA 30022

**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

2/25/04

Daytime Phone #

678-566-1600

Typed or printed name of signing Managing Member/Manager

Alan W. Butler, Manager

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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