

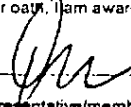


L02000010508

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L02000010508			
1. Limited Liability Company's Name Commerce Aviation, LLC (renamed Commerce Landing Aviation, LLC)			
2. Principal Office Address - No P.O. Box # 1330 Leatherman Lane Suite, Apt. #, etc.		3. Mailing Office Address 4210 Bienville Street Suite, Apt. #, etc.	
City & State Robinsonville, MS		City & State New Orleans, LA	
Zip 38664	Country USA	Zip 70119	Country USA
4. State/Country of Formation FL			
5. Date Organized or Qualified To Do Business in Florida 4/1/2002			
6. FEI Number 20-8742814			<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>			<input checked="" type="checkbox"/> \$5.00 Additional Fee required for a certificate of status
8. Name and Address of Current Registered Agent Name Advocate Consulting Legal Group, PLLC Street Address (P.O. Box Number is Not Acceptable) Suite 1300 N Westshore Blvd Apt. #, Etc. Ste 220 City Tampa State FL Zip Code 33607			
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent  Date 10/4/2019 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
AMBR	R.M. Leatherman	1330 Leatherman Lane	Robinsonville, MS 38664
MGR	Quin Breland	4210 Bienville Street	New Orleans, LA 70119
MGR	RML Properties, Inc.	1330 Leatherman Lane	Robinsonville, MS 38664
Y. SUIKER REC 11 2019			
11. E-mail Address qbreland@brelandlawllc.com (To be used for future annual report notifications)			
12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S. Signature of authorized representative/member  Date 10/5/19 Daytime Phone # 601-988-4284 Typed or printed name of signing authorized representative/member Quin Breland			