

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -3 PM 2:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L02000014809

1. Limited Liability Company's Name

Baker Aviation LLC

2. Principal Office Address

22073 N 79TH PL

Suite, Apt. #, etc.

City & State

SCOTTSDALE AZ

Zip

85255

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

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

06/13/2002

6. FEI Number

47-0896561

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

LOUIS M. MEINERS, JR.

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

200 AVIATION DRIVE, SUITE 2

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34104

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 11/25/2003

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	TOM BAKER	22073 N. 79 PLACE	SCOTTSDALE, AZ 85255

REINSTATEMENT

2003

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

11/27/03

Daytime Phone #

(480) 419-6393

Typed or printed name of signing Managing Member/Manager

TOM BAKER

CR2E041 (10/02)