

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

2003 NOV 20 AM 8:57

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



1. **DOCUMENT #** L02000015512

Name and Mailing Address

0001773 01 AT 0.292 **AUTO TB 0 0615 32233-550330



PDFIT AVIATION, LLC
330 COUNTRY CLUB LANE
ATLANTIC BEACH FL 32233-5503

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 06/20/2002	
Principal Place of Business 330 COUNTRY CLUB LANE ATLANTIC BEACH FL 32233	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E034 (7/03)

8. Name and Address of Current Registered Agent TINGLE, PHILIP D 330 COUNTRY CLUB LANE ATLANTIC BEACH FL 32233	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 *[Signature]* **REGISTERED AGENT MUST SIGN** Date 11/5/03

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
MGR	TINGLE, PHILIP D	330 COUNTRY CLUB LANE	ATLANTIC BEACH FL 32233
400024865834 11/20/03--01004--009 **150.00			
REINSTATEMENT <u>2003</u>			

12. I certify that I am managing member/manager, 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 *[Signature]* **SIGNATURE REQUIRED** Date 11/5/03 Daytime Phone # 904.635-3777

Typed or printed name of signing Managing Member/Manager