### PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS

07 FEB 12 AM 9: 27

DOCUMENT # L02000016996

1. Limited Liability Company's Name

**Executive Flight Services LLC** 

						CR2E041 (1/07)		
2. Principal Office Address - No P.O. Box # 2535 Jardin Terrace 3. Mailing Of			Office Address					
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			S. Date Organized or Qualified To Do Business in Florida 07/05/02		
City & State West	on Florida	City & State	City & State			6. FEI Number Appl		
3332	7 Broward	Zip	Country		7. CERTIFICATE OF STATUS DESIRED		Not Applicable  O Additional Fee required or a Certificate of Status	
	8. Name and Addre	ss of Current Regi:	stered Agent					
Alpho	onso H Bowe				A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100			
2535	ress (P.O. Box Number is Not Accept Jardin Terrace	able)						
Suite, Apt.								
West	on 1 A	State 33	327°	reinstatement be waived.				
9. I, being Signature o Registered		ow	ad liability company, am fan	niliar with and a	accept the obligat	tions of Chapter 608, F.S.  Date 2/1/p	7 98	
10. Name	s and Street Addresses of Managing	Members/Manager	В				2-1-	
Titles	Name of Managing Members/M	anagers		ddress of Each Wember/Mana		City / State / Zip		
MGRM Alphonso H Bowe			2535 Jardin	Terrac	e	Weston Florid	ia 33327	
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						/0701040027	**355.00	
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ai) fee	ty that I am managing member/mana his reinstatement application the region is owed by the limited liability companion ande under oath.	ger or the faceiver on for dissolution have been paid. The	r trustee empowered to exist been eliminated, the limite a information indicated on the	his application i	is true and accura	ate, and my signature shall hav	e the same legal effect	
Signature of Managing I	of Member/Manager	Al	phonso H Bowe		07/2007	Daytime Phone # 954-683	3-7580	

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LIMITED LIABILITY COMPANY REINSTATEMENT



#### FLORIDA DEPARTMENT OF STATE Secretary of State

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07 FEB 12 PM 4: 13

SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### DOCUMENT # L02000016996

1. Limited Liability Company's Name

## **Executive Flight Services LLC**

						05			CR2E041 (1/07)	
2. Principal Office Address - No P.O. Box 8 2. Mail 2535 Jardin Terrace 3. Mail			3. Mailing Office	Office Address				Fisher Country of Formation		
Suite, Apl. #, stc.			Suite, Apt. R. etc.							
								S. Dote Organi To Do Busin	ized or Qualified 7/05/0	2.
City & State Weston Florida			City & State					6. FEI Number Applied For		
3332	7 Country Brow	ward	Zp	Секифу			CERTIFICATE OF STATUS DESIRED 2 35.50 Additions) Fire / Status Of Status Desired 25.50 Additions of Status Of Status Desired 25.50 Additional of Status Desi			
	8. Nat	n and Address o	f Carrent Registes	nd Agon	ıt.					
Älph	onso H Bov	ve						A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100		
	Jardin Ter		7)							
Suito. Apt		lace .	account was summand to							
Weston A A					State	3332	de l	reinstatement be waived.		
		4	EGISTERED AGEN	T MUST		Survey Arieles	er al favi		Date 2, 7 10	
Titles	Managing	Name of Stood Address of E Managing Members/ Managers Managing Member/ Ma						to/Zip		
MGRM	мекм Alphonso H Bowe			2535 Jardin Terrac			епас	e	Weston Florid	da 33327
								02Ž		<b>3953</b> 26 **350.00
						· 144	) <i>A</i>	17-7	007	
			REINSTA	TE	ME	NI			/	
		(No Polid Spilocoto)	TO THE STATE OF TH							
		1								
11. icen fling all fo as if	By that I am managing / this reinstatement applic as owed by the brilled its made under eath.	nonborimanique ation the respons they communicate	protestion were or to or dissolution that be one been paid. The id	ustee en en climi donnalio	ighrigoriae Nathadi, at na Bhidisca	as to executive licition on this a	o this appo alidy comp pplication	lication as provide larry name satisfie is true and actum	ed for in chapter 609, F.S. I fus is the requirements of section the, and my signature shall ha	ther certify that when 508.406, F.S., and that re the same legal affact
Signature Managing	of Mamber/Managor	1111	- DW				02/	07/2007	Daytime Phone #954-68	3-7580
	مسيار دد		Aint	OUS	a H c	Bowe				

	5 02/1	00088448675 5/0701040024 **250.00
		·
11. I certify that I am managing member/manager or the receiver or filing this reinstatement application the reason for dissolution has all fees owed by the limited liability company have been paid. The as if made under oath.	been eliminated, the limited liability company name eatis	fies the requirements of section 609 408 E.S. and that
Signature of Managing Member/Manager	Date 2507	Daytime Phone# <u>239-565-</u> 8278
Typed or printed name of signing Managing Member/Manager	SARY J. SPENCER	