

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
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 Office Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Weston Florida | | City & State | |
| Zip 33327 | Country Broward | Zip | Country |

| | |
|--|--|
| 4. State/Country of Formation Florida | |
| 5. Date Organized or Qualified To Do Business in Florida 07/05/02 | |
| 6. FEI Number | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable |
| 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |

8. Name and Address of Current Registered Agent

| | |
|---|-------------------------------|
| Name Alphonso H Bowe | |
| Street Address (P.O. Box Number is Not Acceptable) 2535 Jardin Terrace | |
| Suite, Apt. #, Etc. | |
| City Weston | State FL Zip Code 33327 |

☐ 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 reinstatement be waived.

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 2/7/07

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 | Alphonso H Bowe | 2535 Jardin Terrace | Weston Florida 33327 |
| | | | |
| | | | |
| | | | |
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| | | | |

600088448806
02/15/07--01040--027 **355.00

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 02/07/2007 Daytime Phone # 954-683-7580

Alphonso H Bowe

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3. Mailing Office Address

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7. CERTIFICATE OF STATUS DESIRED ☒

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Suite, Apt. #, Etc.

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State
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Signature of
Registered Agent

Date 2/7/07

REGISTERED AGENT MUST SIGN

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 | Alphonso H Bowe | 2535 Jardin Terrace | Weston Florida 33327 |
| | | | 300088448853 02/15/07--01040--024 **350.00 |
| | | | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT 2003-2007

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 02/07/2007

Daytime Phone # 954-683-7580

Alphonso H Bowe

| | | | |
|---|--|---|--|
| | | 500088448875 02/15/07--01040--024 **250.00 | |
| <p>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.</p> | | | |
| Signature of Managing Member/Manager | | Date 2-5-07 Daytime Phone # 239-565-8278 | |
| Typed or printed name of signing Managing Member/Manager | | GARY J. SPENCER | |