

Audit No. H04000129953 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

04 JUN 21 AM 10:22

STATE
TALLAHASSEE FLORIDA

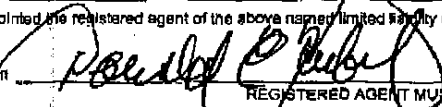
MJH

6/21

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L02000022572					
1. Limited Liability Company's Name MELISSE AVIATION LLC					
2. Principal Office Address 25 WEST FLAGLER STREET		3. Mailing Office Address 25 WEST FLAGLER STREET		4. State/Country of Formation FLORIDA	
Suite, Apt. #, etc. 6TH FLOOR		Suite, Apt. #, etc. 6TH FLOOR		5. Date Organized or Qualified To Do Business in Florida 08/30/2002	
City & State MIAMI, FL		City & State MIAMI, FL		6. FEI Number ☐ Applied For ☒ Not Applicable	
Zip 33130	Country	Zip 33130	Country	7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name KUBIT, DONALD E.	
Street Address (P.O. Box Number is Not Acceptable) 100 S.E. 2ND STREET	
Suite, Apt. #, Etc. 17TH FLOOR	
City MIAMI	State / Zip Code FL 33131

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  Date 6/21/04

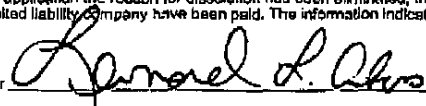
REGISTERED AGENT MUST SIGN

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	LEONARD L. ABESS, TRUSTEE	25 W. FLAGLER STREET, 6TH FLOOR	MIAMI, FL 33130

REINSTATEMENT

2003-2004

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 6/18/04 Daytime Phone# 305-577-7352

Typed or printed name of signing Managing Member/Manager LEONARD L. ABESS, TRUSTEE U/TRUST AGREEMENT DATED 06/12/02

W02000022572

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

6/21 Reinst.

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000129953 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : FOWLER, WHITE, BURNETT, ET AL
Account Number : 071250001512
Phone : (305)789-9200
Fax Number : (305)789-9201

LIMITED LIABILITY REINSTATEMENT**MELISSE AVIATION LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$200.00

[Electronic Filing Menu](#)[Corporate Filing](#)[Public Access Help](#)

RECEIVED
04 JUN 21 PM 12:19
DIVISION OF CORPORATION