

* FILE FIRST *
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM
L02000025454

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000025454

1. Limited Liability Company's Name
EXECUTIVE AVIATION, LLC

2. Principal Office Address - No P.O. Box # 2801 WEST AIRPORT BLVD Suite, Apt. #, etc.		3. Mailing Office Address 2801 WEST AIRPORT BLVD Suite, Apt. #, etc.	
City & State SANFORD, FL		City & State SANFORD, FL	
Zip 32771	Country USA	Zip 32771	Country USA

CR2E041 (1/14)

4. State/Country of Formation FLORIDA / USA
5. Date Organized or Qualified To Do Business in Florida
6. FEI Number 16-1633659
<input type="checkbox"/> Applied For <input 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 H. CHADWICK BARTON		
Street Address (P.O. Box Number is Not Acceptable) Suite, 2801 WEST AIRPORT BLVD		
Apt. #, Etc.		
City SANFORD	State FL	Zip Code 32771

700270751457
03/17/15--01036--014 **660.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____ Date 3/16/15
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGRM	ROBERT G. DELLO RUSSO	2801 WEST AIRPORT BLVD	SANFORD, FL 32771
MGRM	CHADWICK H BARTON	2801 WEST AIRPORT BLVD	SANFORD, FL 32771
	APR - 3 2015 N. CAUSSEAU <i>CUS</i>	REINSTATEMENT	2012-2015

11. E-mail Address bdellorusso@delair.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member _____ Date 3-10-15 Daytime Phone # 407-333-2665
Typed or printed name of signing authorized representative/member Robert G. Dello Russo