

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
05 JUL 13 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PK

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000028808

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

2. Principal Office Address
1031 5th Street

Suite, Apt. #, etc.

City & State
Miami Beach, FL

Zip **33139** Country **USA**

3. Mailing Office Address
1031 5th Street

Suite, Apt. #, etc.

City & State
Miami Beach, FL

Zip **33139** Country **USA**

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida **10/29/2002**

6. FEI Number Applied For
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Gary Marotta

Street Address (P.O. Box Number is Not Acceptable)
1031 5th Street

Suite, Apt. #, Etc.

City
Miami Beach

State
FL

Zip Code
33139

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 *K. SARRIA AS ATTORNEY IN FACT FOR GARY MAROTTA* Date **7/12/2005**

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
MGR	Gary Marotta	1031 5th Street	Miami Beach, FL 33139
MGR	Sean Wagner	1031 5th Street	Miami Beach, FL 33139
400057758344 07/21/05--01057--005 **150.00 REINSTATEMENT 2003-2005			

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 *K. SARRIA AS ATTORNEY IN FACT FOR GARY MAROTTA* Date **7/12/2005** Daytime Phone # **305-672-0686**

Typed or printed name of signing Managing Member/Manager **Gary Marotta, Manager/ by: Karla Sarria as attorney in fact**

CR2E041 (10/02)

LO2000028808

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

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Re: CAREFREE AVIATION, LLC

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. \$150.00 check payable to Florida Department of State

We never received the Uniform Business Report for the following year(s) that should have been mailed to us:

2003, 2004, 2005

Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: 

Name: Karla Sarria as attorney in fact for

Title: Gary Marotta, Manager

Date: 2/12/05