

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000031887

1. Limited Liability Company's Name

Waldo Wright's Flying Service II, LLC

2. Principal Office Address

286 Audubon Oaks

Suite, Apt. #, etc.

#3-106

City & State

Lakeland, FL.

Zip

33809

Country

U.S.A.

3. Mailing Office Address

1425 Briarcliffe Dr.

Suite, Apt. #, etc.

City & State

Powell, OH.

Zip

43065

Country

U.S.A.

FILED

04 FEB 17 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000029808520

03/03/04--01039--021 **200.00

4. State/Country of Formation

Florida/U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

11/26/2002

6. FEI Number

06-1662490

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

Robert Alan Lock

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

286 Audubon Oaks

Suite, Apt. #, Etc.

#3-106

City

Lakeland

State

FL

Zip Code

33809

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

Robert A. Lock

Date

2/7/04

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
MGR	Robert Alan Lock	286 Audubon Oaks #3-106	Lakeland, FL. 33809
MGR	Valerie R. Still	286 Audubon Oaks #3-106	Lakeland, FL. 33809
		REINSTATEMENT	02-04

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

Robert A. Lock

Date

2/7/04

Daytime Phone #

614-846-7223

Typed or printed name of signing Managing Member/Manager

Robert Alan Lock

CR2EDM1 (10/02)