

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILE SECRETARY OF STATE DIVISION OF CORPORATIONS

04 JAN 13 AM 8:22

no 01/27/04

DOCUMENT # L02000031891

1. Limited Liability Company's Name

WALDO WRIGHT'S FLYING SERVICE, LLC REINSTATEMENT 2003-2004

100026982801 01/13/04--01087--011 **205.00

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.

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified To Do Business in Florida

11/26/02

6. FEI Number

13-4226043

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, FL. 33809

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/5/04

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 LOCK	286 AUDUBON OAKS 3-106	LAKELAND, FL. 33809
MGR	VALERIE STILL	286 AUDUBON OAKS 3-106	LAKELAND, FL. 33809

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

[Signature]

Date

11/5/04

Daytime Phone #

614 537-0463

Typed or printed name of signing Managing Member/Manager

ROBERT LOCK

CR2E041 (10/02)