

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 13 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900023742899  
10/13/03--01015--002 \*\*50.00

DOCUMENT # *L02 0000 32534*

1. Limited Liability Company's Name

*Marathon Flight Academy, LLC*

2. Principal Office Address

*11399 Overseas Highway*

Suite, Apt. #, etc.

*SW 5*

City & State

*Marathon, FL*

Zip

*33050*

Country

3. Mailing Office Address

*Same*

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

*Florida*

5. Date Organized or Qualified  
To Do Business in Florida

*12/05/2003*

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

*Christopher B. Waldera, P.A.*

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

*11300 Overseas Highway*

Suite, Apt. #, Etc.

City

*Marathon*

State

*FL*

Zip Code

*33050*

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

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	<i>John E. Haseitel</i>	<i>11399 Overseas Highway, SW 5</i>	<i>Marathon, FL 33050</i>
MGRM	<i>Gabriel Christian Haseitel</i>	<i>11399 Overseas Highway, SW 5</i>	<i>Marathon, FL 33050</i>

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 *10/2/2003*

Daytime Phone # *305-942-9407*

Typed or printed name of signing Managing Member/Manager

202  
CHRISTOPHER B. WALDERA, P.A.

ATTORNEY AT LAW  
11300 OVERSEAS HIGHWAY  
MARATHON, FLORIDA 33050  
TELEPHONE (305) 289-2223  
FACSIMILE (305) 289-2249

FILED

03 OCT 13 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

October 9, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 323214

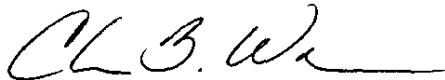
Dear Secretary of State:

RE: Marathon Flight Academy, LLC

I represent the above named limited liability company. Enclosed is the application for Limited Liability Company Reinstatement for Marathon Flight Academy, LLC. Also enclosed is the annual fee of \$50.00. The Company was administratively dissolved Friday, September 26, 2003. We are requesting a waiver of the reinstatement fee of \$100.00 because the company did not receive the Uniform Business Report form. The Company's principal place of business changed at the end of 2002 and mail which should have been forwarded was not. As a result, the Company did not receive the Uniform Business Report and, therefore, the principals were unaware of the filing requirement.

If you have any questions, please call me.

Very truly yours,



Christopher B. Waldera