

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
G. W. S. E.

Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 OCT 23 PM 4:17

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000034138

Name and Mailing Address

0001438 01 AT 0.292 **AUTO T7 2 0615 32168-778015



TRUE NORTH AVIATION, L.L.C.

1215 COMMODORE DRIVE

NEW SMYRNA BEACH FL 32168-7780



2. New Mailing Address

City, State, Zip

Principal Place of Business

1215 COMMODORE DRIVE
NEW SMYRNA BEACH FL 32168

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

12/18/2002

6. FEI Number

51-0439544

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

BREWER, HAROLD J
1215 COMMODORE DRIVE
NEW SMYRNA BEACH FL 32168

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

Handwritten Signature

REGISTERED AGENT MUST SIGN

Date 10/17/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	BREWER, HAROLD J	1215 COMMODORE DRIVE	NEW SMYRNA BEACH FL 32168

500024423875
11/04/03--01066--034 **155.00

REINSTATEMENT 2003

12. 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

Handwritten Signature

Date 10/17/03

Daytime Phone # 386-427-4132

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)