

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SEC. DIVISION STATE CORPORATIONS

06 FEB 20 AM 11:03

DOCUMENT # L03000036435

1. Limited Liability Company's Name

Magic Flight, LLC

900067313369
03/07/06--01029--007 **150.00
CR2E041 (8/05)

2. Principal Office Address

9300 Normandy Blvd

3. Mailing Office Address

6110 Edgewater Dr

Suite, Apt. #, etc.

Bldg 5 Ste A6

Suite, Apt. #, etc.

Ste c

City & State

Jacksonville, FL

City & State

Orlando, FL

Zip

32221

Country

Duval

Zip

32810

Country

Orange

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

09/25/2003

6. FEI Number

20-0429519

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

Andrea Bartole

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

9300 Normandy Blvd

Suite, Apt. # Etc

Bldg 5 Ste 314

City

Jacksonville

State

FL

Zip Code

32221

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

A. Bartole

REGISTERED AGENT MUST SIGN

Date

2-8-06

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	Gustavo Bartole	5948 Loma Vista Dr W	Davenport, FL 33896
MgrM	Ursel Bartole	5948 Loma Vista Dr W	Davenport, FL 33896

REINSTATEMENT 04-06

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

A. Bartole

Date

2-8-06

Daytime Phone #

(904) 781-1179

Typed or printed name of signing Managing Member/Manager

**GAIL R. ROBINSON, CFP®, EA, RIA AGENT
TAXPAYER REPRESENTATIVE**

1850 Lee Rd., Suite 211
Winter Park, FL 32789

Ph 407/647-8580 Fx 407/647-0114

February 6, 2006

RE: Reinstatement of 2 FL LLCs
Magic Flight, LLC L03000036435
Dream Catcher Aviation of Florida, LLC L03000023295

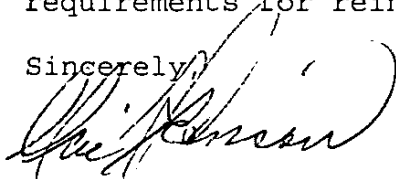
Dear Dept. of State:

Per the instructions for reinstatement, a waiver of the reinstatement fee is available if the entities in question did not receive proper notice. Such is the case for both of the above referenced FL LLCs. Waiver of all reinstatement fees is requested for these two entities.

Enclosed is a check payable to the Florida Dept. of State for \$150.00 covering years 2004, 2005, 2006, the years needing payment at \$50.00 per year for Annual Report Fee of each of the two LLCs indicated above. A total of \$300.00 (two checks) is enclosed. Also enclosed are the completed Reinstatement forms for each of the LLCs.

Please advise if these documents and payments have satisfied all requirements for reinstatement of each of the LLCs.

Sincerely,



Gail R. Robinson, CFP®, EA, RIA Agent
Taxpayer Representative

Enclosures:

Reinstatement Applications -2
Checks -2