PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FLEASE READ A	LL INSTRUCTIONS BEFORE (COMPLETING THIS FORM.
LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT, OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 2810 MAY 13 PM -8: 66
DOCUMENT # LOY 8000 (0609		SECRETARY OF STATE TALLAHASSEE, FLORIDA
JF AVIATION LLC		500176009955 04715/1001040001 **238.75
Principal Office Address - No P O, Box #	Mailing Office Address	CR2E041 (11/09)
1	·	
12853 Oxford Crossing Drive	9.0.80× 525	State/Country of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	FLORIOA
		5. Date Organized or Qualified To Do Business in Florida
City & State	City & State	70((1200)
Jacksonville FL	harchment, NY	6. FEI Number Applied For
	Zip Country	20.0106819 Not Applicable
	10538	7. CERTIFICATE OF STATUS DESIRED Tor a Certificate of Status
		Total detrineure of grants
8. Name and Address of C	urrent Registered Agent	
J. Faiella		A \$100 reinstatement fee is imposed, except
Street Address (P.O. Box Number is Not Acceptable)		in circumstances which the entity did not
12 BE3 Oxford Crossing Unive		receive the prior notices. By checking this
Suite, Apt. #, Etc		box, you are certifying the prior notices were
not received and requesting the \$100 reinstatement be waived.		
City State Zip Code		rematatement be walved.
Jacksonville	FL 32224	<u> </u>
9. I, being appointed the registered agent of the above named limited-liebility company, am familiar with and accept the obligations of Chapter 608, F.S.		
Signature of		
Registered Agent Date Date		
Names and Street Addresses of Managing Memb	····	
Titles Name of Managing Members/Managers	Street Address of Each Managing Member/Mana	
DRH John W Farella	12853 Oxford (ro.	ssing line Tacksonville, FL 32224
KRH John R Farell	a 13 Monroe Avenue	Larchmont, MY 10538
Mr Carol A Facel	a 13 Honroe Avenue	Varehuad N/ 10538
	5-10	
REINSTATEME	NT 932.50	500176009955
11 5 10 10 10 10 10 10 10 10 10 10 10 10 10		
11. E-mail Address: Lacela 13 @ adl. com (To be used for future annual report notifications)		
filing this reinstatement application the reason for di	e receiver or trustee empowered to execute this application	cation as provided for in Chapter 608, F.S. I further certify that when any name satisfies the requirements of section 608.406, F.S., and that
all fees owed by the limited liability company have b as if made under oath.		is true and accurate, and my signature shall have the same legal effect
all fees owed by the limited liability company have b as if made under oath. Signature of Managing Member/Manager	een paid. The information indicated on this application i	

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