L04000011073

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LIMITED LIABILITY REINSTATEMENT

GOLD JETS, LLC

Certificate of Status	0
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Page Count	02
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416.25

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000011073

1. Limited Liability Company's Name
GOLD JETS, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
201 S. BISCAYNE BLVD.	SAME AS #2
Suite, Apt. #, etc. SUITE 1500 (WGM)	Suite, Apt. #, etc.
City & State MIAMI, FL	City & State
Zip: 33131 Country: USA	Zip: Country:

4. State/Country of Formation
FLORIDA, USA

5. Date Organized or Qualified To Do Business in Florida 02/10/2004

6. FEI Number
45-0534352
☐ 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
CORPORATION COMPANY OF MIAMI

Street Address (P.O. Box Number is Not Acceptable)
201 S. BISCAYNE BLVD.

Suite, Apt. #, Etc.
SUITE 1500 (WGM)

City: MIAMI State: FL Zip Code: 33131

☑ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: Corporation Company of Miami
By: Raul J. Salas, V
REGISTERED AGENT MUST SIGN

Date 1-4-08

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
MNGR	KELLEY, TERRANCE P.	4240 GALT OCEAN DRIVE, #1002	FORT LAUDERDALE, FL 33308
	REINSTATEMENT 2006, 2007, 2008		

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 608.408, 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: Terrance Kelley Date: 12.02.08 Daytime Phone #: 954.565.3445

Typed or printed name of signing Managing Member/Manager: TERRANCE P. KELLEY