



# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 JUN 30 AM 9:50

<b>DOCUMENT # L04000021820</b> 1. Entity Name <b>PROSPERITY AVIATION, LLC</b>					
Principal Place of Business <b>790 N. PONCE DE LEON BLVD. ST. AUGUSTINE, FL 32084</b>			Mailing Address <b>P.O. BOX DRAWER 12690 ST. AUGUSTINE, FL 32080</b>		
2. Principal Place of Business <b>100 Southpark Boulevard</b> Suite, Apt. #, etc.		3. Mailing Address <b>Post Office Box 1690</b> Suite, Apt. #, etc.			
City & State <b>St. Augustine, FL</b>		City & State <b>St. Augustine, FL</b>		4. FEI Number <b>20-0898346</b>	
Zip <b>32086</b>		Country <b>St. Johns</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>UPCHURCH, HAMILTON D 790 N. PONCE DE LEON BLVD. ST. AUGUSTINE, FL 32084</b>		7. Name and Address of New Registered Agent Name <b>Hamilton D. Upchurch</b> Street Address (P.O. Box Number is Not Acceptable) <b>780 N. Ponce de Leon Boulevard</b> City <b>St. Augustine FL 32084</b>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Hamilton D. Upchurch</i></u> <b>Hamilton D. Upchurch</b> DATE <u>6/27/06</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>FILE NOW!!! FEE IS \$200.00</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>CREAMER, EDDIE</b> <b>790 N. PONCE DE LEON BLVD.</b> <b>ST. AUGUSTINE, FL 32084</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>Eddie Creamer</b> <b>100 Southpark Boulevard</b> <b>St. Augustine, FL 32086</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>500077162155</b> <b>07/07/05--01054--006 **205.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>REINSTATEMENT 05-06</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>05-06</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u><i>Eddie Creamer</i></u> <b>Eddie Creamer, Manager</b> DATE <u>6/27/06</u> (904) 823-3918 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					