

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 DEC 29 AM 8:31

<b>DOCUMENT # L04000042564</b>					
1. Entity Name CONVERGENCE AVIATION & COMMUNICATIONS, LLC					
Principal Place of Business C/O ROBERT D. WILSON 954 EAST SILVER SPRINGS BLVD., STE. 101 OCALA, FL 34470			Mailing Address C/O ROBERT D. WILSON 954 EAST SILVER SPRINGS BLVD., STE. 101 OCALA, FL 34470		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1321371	
5. Certificate of Status Desired				Applied For Not Applicable	
				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WILSON, ROBERT D 954 EAST SILVER SPRINGS BLVD., STE. 101 OCALA, FL 34470			Name Street Address (P.O. Box Number is Not Acceptable) City Zip Code		
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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE 12/27/06					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/ MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MM ROBINSON, ALAN S.M. C/O 954 EAST SILVER SPRINGS BLVD., SUITE 101 OCALA, FL 34470	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MM YARGER, ORVAL J 7 REYNOLDS COURT NORMAL, IL, 31761	Change Addition YES
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800082822558 12/28/06--01038--007 **155.00	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2006	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change 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: <i>[Signature]</i>		AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		12/15/2006 352 629 9747	
				Date Daytime Phone #	