


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JAN 24 AM 10:24

DOCUMENT # L04000043474	
1. Entity Name ISLAND AIR EXPRESS, LLC	

Principal Place of Business 8 AIRPORT ROAD APALACHICOLA, FL 32320	Mailing Address P.O. BOX 518 APALACHICOLA, FL 32320
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2. Principal Place of Business 622 BARTON AVENUE Suite, Apt. #, etc.	3. Mailing Address 622 BARTON AVENUE Suite, Apt. #, etc.
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01202006 REIN-LLC CR2E101 (11/05)

City & State PANAMA CITY, FL	City & State PANAMA CITY, FL
Zip 32404	Zip 32404
Country USA	Country USA

4. FEI Number 51-0510697	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MORRIS, JARMON SR 622 BARTON AVENUE PANAMA CITY, FL 32404
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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>Morris Jarmon, Sr.</u>	DATE <u>01-20-06</u>

FILE NOW!!! FEE IS \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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>Morris Jarmon, Sr.</u>	DATE: <u>01-20-06</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	