



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 32329		Mailing Address P.O. BOX 518 APALACHICOLA, FL 32329
2. Principal Place of Business 622 BARTON AVENUE Suite, Apt. #, etc.	3. Mailing Address 622 BARTON AVENUE Suite, Apt. #, etc.	
City & State PANAMA CITY, FL		City & State PANAMA CITY, FL
Zip 32404	Country USA	4. FEI Number 51-0510697
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MORRIS, JARMON SR 622 BARTON AVENUE PANAMA CITY, FL 32404		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u>Morris Jarmon, Sr.</u>		<u>Morris Jarmon, Sr. 01-20-06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>
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		
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	MGR MORRIS JARMON, SR. 622 BARTON AVE. PANAMA CITY, FL 32404 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	MGR RON JARMON 622 BARTON AVE. PANAMA CITY, FL 32404 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	501055113445 02/02/06 01043-001 **100.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	REINSTATEMENT 05-06 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	700065286847 02/06/06--01058--001 **100.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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>		<u>Morris Jarmon, Sr. 01-20-06 / 850-814-6407</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>
<small>DATE</small>		<small>DAYTIME PHONE #</small>