

**2006 LIMITED LIABILITY COMPANY  
REINSTATEMENT**

DOCUMENT # L04000053938

1. Entity Name  
AIR EXCEL, LLC



**FILED  
Oct 05, 2006 8:00 A.M.  
Secretary of State**

Principal Place of Business  
1500 MISTY GLEN LANE  
CLERMONT, FL 34711

Mailing Address  
1500 MISTY GLEN LANE  
CLERMONT, FL 34711

2. Principal Place of Business  
1252 Commons Ct.  
Suite, Apt. #, etc.

3. Mailing Address  
1252 Commons Ct.  
Suite, Apt. #, etc.

City & State  
Clermont, FL  
Zip 34715 Country

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Clermont, FL  
Zip 34715 Country

09272006 REIN-LLC CR2E101 (11/05)

4. FEI Number  
201405523 20-1119827 Applied For  
Not Applicable

5. Certificate of Status Desired  \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRYAN, STANTON E  
1500 MISTY GLEN LANE  
CLERMONT, FL 34711

7. Name and Address of New Registered Agent

Name Preston Bryan

Street Address (P.O. Box Number is Not Acceptable)

1735 Sparrow Song Lane  
Ocoee FL 34761

8. The above 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 obligation.

SIGNATURE:

Signature, or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

09-28-06

DATE

**FILE NOW!!! FEE IS \$50.00  
After January 1, 2007, Fee will be \$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	MGR BRYAN, STANTON E 1500 MISTY GLEN LANE CLERMONT, FL 34711	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1000080581651 10/09/06-01004-004 **\$50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRYAN, PRESTON J 1500 MISTY GLEN LANE CLERMONT, FL 34711	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2006
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

09-28-06 A07 2975718

Date

Daytime Phone #