

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT # L04000053938			
1. Entity Name AIR EXCEL, LLC			
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 <i>1252 Commons Ct.</i>		3. Mailing Address <i>1252 Commons Ct.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Clermont, FL</i>		City & State <i>Clermont, FL</i>	
Zip <i>34715</i>		Zip <i>34715</i>	
Country		Country	
4. FEI Number 20-1403323 <i>20-1717827</i>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 <i>Preston Bryan</i> Street Address (P.O. Box Number is Not Acceptable) <i>1735 Sparrow Song Lane</i> City <i>Ocoee</i> FL Zip Code <i>34761</i>	
8. The ab 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 oblig. registered agent.			
SIGNA: <i>Preston Bryan</i>		DATE <i>09-28-06</i>	
Signature of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100080581651 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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: <i>Preston Bryan</i>		DATE <i>09-28-06</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone # <i>407 297 5718</i>	