

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000078222

FILED
Jan 31, 2007
Secretary of State

Entity Name: WORD OF LIFE AIRCRAFT DEALERSHIP, LIMITED LIABILITY COMPANY

Current Principal Place of Business:

902 MAY AVE.
HOLLY HILL, FL 32117 US

New Principal Place of Business:

436 SAULS AVE ST
ORMOND BEACH, FL 32174 US

Current Mailing Address:

902 MAY AVE.
HOLLY HILL, FL 32117 US

New Mailing Address:

436 SAULS ST
ORMOND BEACH, FL 32174 US

FEI Number: 20-1804120

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASH, JAMES P
902 MAY AVE.
HOLLY HILL, FL 32117 US

Name and Address of New Registered Agent:

CASH, JAMES P
436 SAULS ST
ORMOND BEACH, FL 32174 US

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.

SIGNATURE: JAMES P CASH

01/31/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CASH, RICHARD D
Address: 1716 S. COMMERCE ST.
City-St-Zip: GRENADA, MS 38901 US

Title: MGR () Delete
Name: CASH, JAMES P
Address: 902 MAY AVE.
City-St-Zip: HOLLY HILL, FL 32117 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: CASH, JAMES P
Address: 436 SAULS ST
City-St-Zip: ORMOMD BEACH, FL 32174 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RICHARD D CASH

PRES

01/31/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date