

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 11 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

WORD OF LIFE AIRCRAFT DEALERSHIP
Limited Liability Company

L 04000078222

000167465210
01/28/10--01034--005 **277.50

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

1035 SEEDGEWOOD CIRCLE

Suite, Apt. #, etc.

3. Mailing Office Address

1035 SEEDGEWOOD CIRCLE

Suite, Apt. #, etc.

City & State

WEST MELBOURNE FL

City & State

West Melbourne FL

Zip

32904

Country

USA

Zip

32904

Country

USA

4. State/Country of Formation

FL USA

5. Date Organized or Qualified
To Do Business in Florida

10-28-2004

6. FEI Number

201804120

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

JAMES P. CASH

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

1035 SEEDGEWOOD Circle

Suite, Apt. #, Etc.

City

West Melbourne

State

FL

Zip Code

32904

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

James P. Cash

REGISTERED AGENT MUST SIGN

Date 1-25-10

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Richard D. CASH	1191 GILLEN ROAD.	GRENADE MS. 38901
MGR	JAMES P. CASH	1035 SEEDGEWOOD CIRCLE	West Melbourne, FL 32904

000167465210
02/12/10--01021--022 **138.75

REINSTATEMENT 8-10 DB

11. E-mail Address: rickycash@aol.com

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Richard D. Cash

Date 1-22-10

Daytime Phone # 662-417-8660

Typed or printed name of signing Managing Member/Manager