PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

09 DEC 22 PM 12:01
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # L04000078380

1. Limited Liability Company's Name

Elite Aviation of NWFL, LLC

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CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
42 Business Centre Drive	42 Business Centre Drive
Suite, Apt. #, etc.: Ste. 106	Suite, Apt. #, etc.: Ste. 106
City & State: Miramar Beach, FL	City & State: Miramar Beach, FL
Zip: 32550 Country:	Zip: 32550 Country:

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 10/28/04

6. FEI Number: 20-1865593 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

8. Name and Address of Current Registered Agent

Name: Mary Lane

Street Address (P.O. Box Number is Not Acceptable): 42 Business Centre Drive

Suite, Apt. #, Etc.: Ste. 106

City: Miramar Beach State: FL Zip Code: 32550

☐ 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: X Mary Lane Date: 12.21.09

Mary Lane REGISTERED AGENT MUST SIGN

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	O'NEAL, Alan M.	42 Business Centre Dr., Ste. 106	Miramar Beach, FL 32550
MGR	SMITH, William H.	42 Business Centre Dr., Ste. 106	Miramar Beach, FL 32550
	REINSTATEMENT 2008 - 2009		

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11. E-mail Address: mary.lane@pelicanproperty.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 608.408, 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 X Date 12/21/09 Daytime Phone # 850-837-0426

Typed or printed name of signing Managing Member/Manager WILLIAM H. SMITH, Manager #446591