

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAY 23 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000003046

1. Limited Liability Company's Name

JEDAMI AIRCRAFT CHARTER, LLC

900123780319
04/16/08--01041--012 **327.50

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 8551 W. Sunrise Boulevard		3. Mailing Office Address 8551 W. Sunrise Boulevard	
Suite, Apt. #, etc. 102		Suite, Apt. #, etc. 102	
City & State Plantation, Florida		City & State Plantation, Florida	
Zip 33322	Country USA	Zip 33322	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 1/10/05	
6. FEI Number 20-2151493	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Herman, Robert M. P.A.			
Street Address (P.O. Box Number is Not Acceptable) 8551 W. Sunrise Boulevard			
Suite, Apt. #, Etc. 102			
City Plantation	State FL	Zip Code 33322	

☒ 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

[Signature]
REGISTERED AGENT MUST SIGN

Date 4/03/08

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
MGRM	Baez-Burns, Jennifer	1284 SW 143 Court	Miami, Florida 33184
			900123780319 06/05/08--01013--004 **88.75

REINSTATEMENT
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0608
\$317.50

11. 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

[Signature]
Jennifer Baez-Burns

Date 4/3/08

Daytime Phone (305) 222-1803

Typed or printed name of signing Managing Member/Manager

Jennifer Baez-Burns