2007 LIMITED LIABILITY COMPANY REINSTATEMENT

REINSTATEMENT					FIIF			
DOCU	MENT #L05000044	1902	G.T.		1 (FILED		
1. Entity Name					000-			
FLEETWI	FLEETWING, LLC				2007 MAR :	-9 AM 9:30		
İ			1			- 411 3. 3U		
				مستنبية	_SECRETA	RY OF STATE SEE, FLORIDA		
Principal Place of Business Mailing Address 2501 NE 10TH CTREET 2501 NE 10TH CTREET					IALLAHAS	SEE. FI DRID		
3501 NE 10TH STREET 3501 NE 10TH STR 103 103						CONTUR		
OCALA, FL 34470 OCALA, FL 34470								
	lace of Business		3. Mailing Address				11 1 11 11 11 11 11 11 11 11 11 11 11 11	
11005 Suite, Apt.	SE 66th Terrace	2215 SE Fort King St Spile, Apt. #, etc.						
	7 (O.O.	B. S. A. B. S. C. S.	, p , o		01052007 REIN-LLC	CR2E101 (11/05)		
City & Stat	e e	City & State	City & State Ocala, FL		4. FEI Number	(Ap.	plied For	
	view, FL					t Applicable		
Zip 34420	Country	Zip 34471	Country USA		5. Certificate of Status Desired	\$5.00 Add Fee Required		
34420	6. Name and Address of Current		USA		7. Name and Address of New R	· · · · · · · · · · · · · · · · · · ·		
		g	Ka:	arl Shearer				
VOLKER, VIVIAN								
3501 NE 10TH STREET				Street Address (P.O. Box Number is Not Acceptable)				
	103 OCALA, FL 34470			11005 SE 66th Terrace				
· , · ·	JOALA, 1 E 34470				7 77 7			
City Belleview FL Zip Code								
8. 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. I am familiar with, and accept								
the obligations of registered agent.								
SIGNATURE / Signature, lyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE								
Only manual, typico or printed name or regulateral algorithms in expensions. Indicate Regulateral Agent signature required which related by the DATE								
In accordance with s. 607.193(2)(b), F.S., the limited Make check payable to								
FILE	NOW!!! FEE IS \$100.00	liability company did r	not receive the	prior no	tice. Florid	a Department of State	B , '	
9.	MANAGING MEMB	EDC/MANIACEDS	T 40			/01/ANOE0	-10	
TITLE	MGRM	Delete	10.	MGT	ADDITIONS	Change Change	☐ Addition*	
NAME	SHEARER, KARL	□ Oelete	NAME	1	eàrer, Karl	X cusade		
STREET ADDRESS	3501 NE 10TH STREET #103		STREET ADDRESS		005 SE 66th Ter:	race	188	
CITY-ST-ZIP	OCALA, FL 34470		CITY-ST-ZIP	Be	leview, FL 34	420	707	
TITLE	MGRM	☐ Delete	TITLE	MGT	RM	⊠ Change	Addition	
NAME	SHEARER, JENNIE		NAME STREET ADDRESS		earer, Jennie			
STREET ADDRESS CITY-ST-ZIP				11005 SE 66th Terrace Belleview, FL 34420				
	OCALA, FE 34470		CITY-ST-ZIP	1 20.	100100, 11 34		C 1444	
TITLE NAME		☐ Delete	TITLE NAME	}		Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS		027147777		: nn	
CITY-ST-ZIP			CITY-ST-ZIP		00117701 010	TO UEL TYIUS	3100	
TITLE		☐ Delete	TITLE	(2) Military in	☐ Change	Addition	
NAME			NAME		METATRAMEN	1120 cm		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	1	(2) [[] [[] [[] [[] [[] [[] [[] [[] [[] [[10/ 11/86!		
			CITY-ST-ZIP	+			-07	
TITLE NAME		☐ Delete	TITLE NAME			Change	LI Adomin	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE	1 -		☐ Change	Addition	
NAME			NAME			-		
STREET ADDRESS			STREET ADDRESS	1			ł	
CITY-ST-ZIP			CITY-ST-ZIP				[
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.								
Karl Shearer 01 06 05								
SIGNATURE: VI SECOND								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daysme Prone #								