

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

07 OCT 24 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000051291

1. Limited Liability Company's Name
AIR GENERALD SERVICE LLC

2. Principal Office Address - No P.O. Box # <i>5206 INNO CT.</i>		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>SARASOTA, FLORIDA</i>		City & State	
Zip <i>34233</i>	Country <i>USA</i>	Zip	Country

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number <i>20-2889089</i>	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
Jessica Cerro

Street Address (P.O. Box Number is Not Acceptable)
5206 INNO CT.

Suite, Apt. #, Etc.

City
SARASOTA, FLORIDA

State
FL

Zip Code
34233

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]* Date *10/18/07*

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
<i>MGRM</i>	<i>JESSICA CERRO</i>	<i>5206 INNO CT.</i>	<i>SARASOTA, FL, 34233</i>
			700111300217 10/24/07--01047--008 **100.00
			700111300217 10/24/07--01047--007 **50.00
			700111300217 10/24/07--01047--008 **50.00

REINSTATEMENT
06/07

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]* Date *10/18/07* Daytime Phone# *(941) 927-2905*

Typed or printed name of signing Managing Member/Manager *JESSICA CERRO*