

FILED

2006 LIMITED LIABILITY COMPANY
REINSTATEMENT

2006 NOV -8 A 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000094649			
1. Entity Name PRIME FLIGHT, LLC			
Principal Place of Business 2240 LAS CASITAS DRIVE WELLINGTON, FL 33414		Mailing Address 2240 LAS CASITAS DRIVE WELLINGTON, FL 33414	
2. Principal Place of Business Suite, Apt. #, etc. 1100 LEE WAGENER BLVD		3. Mailing Address Suite, Apt. #, etc. 1400 SW 68 AVE.	
City & State FT. LAUDERDALE, FL #403 PLANTATION, FL		City & State PLANTATION, FL	
Zip 33315	Country AMERICA	Zip 33317	Country AMERICA
6. Name and Address of Current Registered Agent PHINNEY, JAMES H 2240 LAS CASITAS DRIVE WELLINGTON, FL 33414		7. Name and Address of New Registered Agent Name STROUBE WILLIAM LAMER II Street Address (P.O. Box Number is Not Acceptable) 1400 SW 68 AVENUE City PLANTATION FL Zip Code 33317	
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 <i>Stroub W. Lamer II</i> DATE 11/7/06 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PHINNEY, JAMES H 2240 LAS CASITAS DR. WELLINGTON, FL 33414 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STROUBE W. LAMER II ☒ Change ☐ Addition 1400 SW 68 AVENUE PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PHINNEY, JILL W 2240 LAS CASITAS DR. WELLINGTON, FL 33414 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	600081668558 ☒ Change ☐ Addition 11/09/06--01043--026 **40.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DONOVAN, DAVID A 2240 LAS CASITAS DR. WELLINGTON, FL 33414 ☐ Delete	TITLE NAME STREET AD CITY - ST - ZIP	11/01/06--01034--013 **110.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DONOVAN, LISA A 2240 LAS CASITAS DR. WELLINGTON, FL 33414 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	AL ☐ Change ☐ Addition
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 606, Florida Statutes. SIGNATURE: <i>Stroub W. Lamer II</i> DATE 11/7/06 954-610-2433 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			