

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

09 MAR 17 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02262009 REIN-LLC CR2E101 (1/07)

DOCUMENT # L05000108027 1. Entity Name AIRLINK-GLOBAL LLC					
Principal Place of Business 5625 LAFAYETTE PRK. DR. NORTH JACKSONVILLE, FL 32244			Mailing Address 5625 LAFAYETTE PRK. DR. NORTH JACKSONVILLE, FL 32244		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		4. FEI Number 56-2541390 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent HARRINGTON, LESTER M 5625 LAFAYETTE PRK. DR. NORTH JACKSONVILLE, FL 32244	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$277.50		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARRINGTON, LESTER M 5625 LAFAYETTE PRK. DR. NORTH JACKSONVILLE, FL 32244 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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REINSTATEMENT 2008-09 JB					
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.					
SIGNATURE:			Date: 3-4-09 Daytime Phone #: 904-910-0540		