

LIMITED LIABILITY COMPANY

Reinstatement

4/12/2006 90020-030-\$50.00-\$50.00

FILED

2007 MAY 30 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E083 (10/05)

DOCUMENT # L05000113025

1. Entity Name
PREMIER JET SERVICES, LLC



Principal Place of Business
**800 DOUGLAS ROAD, 12TH FLOOR
CORAL GABLES FL 33134**

Mailing Address
**800 DOUGLAS ROAD, 12TH FLOOR
CORAL GABLES FL 33134**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
203727644

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SANCHEZ-MEDINA, ROLAND JR. SANCHEZ-MEDINA & ASSOCIATES, P.A. 2333 PONCE DE LEON BLVD., SUITE 302 CORAL GABLES FL 33134		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 _____ DATE _____
Signature of the current holder of registered agent and title if applicable. (NOTE: Registered Agent Signature Required when appointing)

FILE NOW!!! FEE IS \$65.00
 Make Check Payable to Florida Department of State
 Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Raul Medina Title: P 800 Douglas Rd, 12th Floor Coral Gables, FL 33134	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500103729805 06/01/07--01052--008 **50.00
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Cristina Conales Title: S 800 Douglas Rd, 12th Floor Coral Gables, FL 33134	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Coral Gables, FL 33134	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Coral Gables, FL 33134	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT
06/01

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE