

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000123526

1. Entity Name  
SUNDANCE AIR, LLC



Principal Place of Business  
90 SKIPPER AVENUE  
FT WALTON BEACH, FL 32548

Mailing Address  
90 SKIPPER AVENUE  
FT WALTON BEACH, FL 32548

2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
PO Box 55

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Crestview FL

Zip

Zip  
32536

Country  
USA

10212007 REIN-LLC CR2E101 (1/07)

4. FEI Number  
204074556

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

OGLESBY, JOEL T  
6624 BILL LUNDY ROAD  
LAUREL HILL, FL 32567

## 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/5/07

FILE NOW!!! FEE IS \$50.00  
After January 1, 2008, Fee will be \$100.00

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 MGRM  
NAME OGLESBY, JOEL T  
STREET ADDRESS 6624 BILL LUNDY ROAD  
CITY-ST-ZIP LAUREL HILL, FL 32567

TITLE MGRM  
NAME OGLESBY, JOSEPH H  
STREET ADDRESS 90 SKIPPER AVENUE  
CITY-ST-ZIP FT WALTON BEACH, FL 32548

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SEC/TREASURER  
NAME Oglesby, Suzanne G.  
STREET ADDRESS 6624 Bill Lundy Rd  
CITY-ST-ZIP Laurel Hill, FL 32567

TITLE  
NAME  
STREET ADDRESS  
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.

SIGNATURE:

Joel T. Oglesby

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

11/5/07

850-546-1723  
Daytime Phone #