

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 NOV 14 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10212007 REIN-LLC CR2E101 (1/07)

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 #
Suite, Apt. #, etc.

3. Mailing Address
PO Box 55
Suite, Apt. #, etc.

City & State
Crestview FL

Zip
32536 Country
USA

4. FEI Number
20-4074556

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

Applied For
Not Applicable

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 DATE **11/5/07**

(NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM OGLESBY, JOEL T 6624 BILL LUNDY ROAD LAUREL HILL, FL 32567 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/TREASURER Oglesby, Suzanne G. 6624 Bill Lundy Rd Laurel Hill FL 32567 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OGLESBY, JOSEPH H 90 SKIPPER AVENUE FT WALTON BEACH, FL 32548 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200112174502 11/09/07--01039--010 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes.

SIGNATURE: **Joel T. Oglesby** DATE **11/5/07** DAYTIME PHONE# **850-546-1723**

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