


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L06000014072

1. Limited Liability Company's Name

Jetpro Enterprises LLC.

9/14/07

2. Principal Office Address - No P.O. Box #

3446 Seffner Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

2 Commercial St.

Suite, Apt. #, etc.

City & State

Holiday Fl.

City & State

Sharon Ma.

Zip

34691

Country

USA

Zip

02067

Country

USA

4. State/Country of Formation

De. USA

5. Date Organized or Qualified

To Do Business in Florida 2-14-2006

6. FEI Number

20-4299827

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Dean R. Eaton

Street Address (P.O. Box Number is Not Acceptable)

3446 Seffner Dr.

Suite, Apt. #, Etc.

City

Holiday Fl.

State

FL

Zip Code

34691

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*Dean R. Eaton C.E.O.*

Date 10-27-08

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Dean R. Eaton	3446 Seffner Dr.	Holiday Fl. 34691

REINSTATEMENT without Penalty 2007-2008  
up 10/29

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of  
Managing Member/Manager

*Dean R. Eaton MGR.*

Date 10-27-08

Daytime Phone # (978)-828-1469

Typed or printed name of signing Managing Member/Manager Dean R. Eaton