

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JAN 11 PM 2:42

DOCUMENT # L06000055340

1. Limited Liability Company's Name

GOOD TIMES FLYING, LLC
220 CIRCLE DR.
CAPE CANAVERAL FL 32920

100165750281
01/11/10--01052--009 **277.50

CR2E041 (11/09)

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

220 Circle Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

220 Circle Dr.

Suite, Apt. #, etc.

City & State

Cape Canaveral

City & State

Cape Canaveral

Zip

32920

Country

US

Zip

32920

Country

US

4. State/Country of Formation

Florida - US

5. Date Organized or Qualified
To Do Business in Florida

5-30-2006

6. FEI Number

20-5038351

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

Brain Griffin

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

220 Circle Drive

Suite, Apt. #, Etc.

City

Cape Canaveral

State

FL

Zip Code

32920

☒ 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

Date

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
MEMBER	Brain Griffin	220 Circle Drive	Cape Canaveral FL 32920

REINSTATEMENT 2008, 2009

11. E-mail Address

(To be used for future annual report notifications)

12. 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

Date 01/01/2010

Daytime Phone # 386-453-1473

Typed or printed name of signing Managing Member/Manager

Brain Griffin