## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT  COMPANY  Secretary of State  DIVISION OF CORPORATIONS							FILED  09 JUN -2 AM 9: 06  SECRETARY SECRETARE			
DOCUMENT #  1. Limited Liability Company's Name LOW DOOD LOT 345								1	SECRETARY OF STATE TALLAHASSEE FLORIDA	
Griffin Aviation, LLC							ĺ			
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address							-		CR2E041 (10/08)	
c/o Steven J. Bracci, PA			c/o Steven J. Bracci, PA				4. State/Country of Formation			
Suite, Apt. #, etc. 2960 Immokalee Road			Suite, Apt. #, etc. 2960 Immokalee Road			ļ	5. Date Organized or Qualified To Do Business in Florida 7/5/2006			
City & State Naples, FL			Naples, FL				6. FEI Number Applied For 208733692 Not Applicable			
Zip 34110	Country USA		Zip 34110		Coun	•	7	7. CERTIFICATE OF STATUS DESIRED 55 00 Additional Fee require for a Certificate of Status		
8. Name and Address of Current Registered Agent							十			
Name Steven J. Bracci, Esq.								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.		
Street Address (P.O. Box Number is Not Acceptable) 2960 Immokalee Road										
Suite, Apt. #, Etc.							1			
City Naples				State Zip Code FL 34110				remstatement be waived.		
Signature of Registered Agent Pagent 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 Ma	Mark C. Bates			2960 Immokalee Road					Naples, FL 34110	
	L. SELLERS				69			- 60	<del>0156513796</del>	
	JUN - 8 2009				05/28/1 813				901020016 **377.50	
	EXAMINER								9901020017 **25.00	
	REINSTATEMENTAGE									
	TITLE OF THE POPULATION OF THE									
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 filling 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 Mull But Date May 5 2009 Daytime Phone#										
Typed or printed name of signing Managing Member/Manager Mark C. Bates										