

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 MAR 24 AM 8:58

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT #** L06000073608

**1. Limited Liability Company's Name**

BOAZ AVIATION, LLC

**2. Principal Office Address**

1635 NW 51st Place

Suite, Apt. #, etc.

Building 31A

**City & State**

Ft. Lauderdale, FL

**Zip**

33309

**Country**

US

**3. Mailing Office Address**

1635 NW 51st Place

Suite, Apt. #, etc.

Building 31A

**City & State**

Ft. Lauderdale, FL

**Zip**

33309

**Country**

US

**4. State/Country of Formation**  
Florida

**5. Date Organized or Qualified  
To Do Business in Florida** 7/25/2006

**6. FEI Number**

22-3939542

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☐

\$5.00 Additional Fee required  
for a Certificate of Status

500146471225  
03/20/09--01014--019 \*\*516.25

**8. Name and Address of Current Registered Agent**

**Name**

SPIEGEL & UTRERA, P.A.

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

1840 SW 22ND ST.

**Suite, Apt. #, Etc.**

4TH FLOOR

**City**

MIAMI

**State**  
FL

**Zip Code**  
33145

**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**

*[Signature]*

REGISTERED AGENT MUST SIGN

**Date** 3/13/09

**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
Managing Member	Humphrey Lemmers	1635 NW 51st Place, Building 31A	Ft. Lauderdale, FL 33309
			L. SELLERS
			MAR 25 2009
			REINSTATEMENT EXAMINER
		0709	

**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**

*[Signature]*

**Date** 3/13/09

**Daytime Phone #** 954 816 4330

**Typed or printed name of signing Managing Member/Manager**

Humphrey Lemmers, Member

CR2041 (9/01)