

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L06000089575

1. Limited Liability Company's Name

RSC Aircraft Holdings, LLC

400160933424  
09/22/09--01031--008 \*\*416.25

CR2E041 (10/08)

<b>2. Principal Office Address - No P.O. Box #</b> 2200 South Ocean Lane Suite, Apt. #, etc. Apt. 2610 City & State Fort Lauderdale, Florida Zip 33316		<b>3. Mailing Office Address</b> 2200 South Ocean Lane Suite, Apt. #, etc. Apt. 2610 City & State Fort Lauderdale, Florida Zip 33316	
Country USA		Country USA	

<b>4. State/Country of Formation</b> Florida, USA	
<b>5. Date Organized or Qualified To Do Business in Florida</b> September 12, 2006	
<b>6. FEI Number</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

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

Name Ruben W. Vine		
Street Address (P.O. Box Number is Not Acceptable) 2200 South Ocean Lane		
Suite, Apt. #, Etc. Apt. 2610		
City Fort Lauderdale	State FL	Zip Code 33316

☒ 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

*R.W. Vine*

REGISTERED AGENT MUST SIGN

Date September 16, 2009

**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
MGRM	Ruben W. Vine	2200 South Ocean Lane, Apt. 2610	Fort Lauderdale, Florida

**REINSTATEMENT** 07-09  
AL

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

*R.W. Vine*

Date 9/16/2009

Daytime Phone # 954-761-7817

Typed or printed name of signing Managing Member/Manager Ruben W. Vine