2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000012182

Entity Name: J3 FLYERS, LLC

City-St-Zip:

OSPREY, FL 34229

FILED Oct 28, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 120 W. AIRPORT AVENUE 8265 BARTON FARMS BLVD VENICE, FL 34285 US SARASOTA, FL 34240 **Current Mailing Address: New Mailing Address:** 120 W. AIRPORT AVENUE 8265 BARTON FARMS BLVD VENICE, FL 34285 SARASOTA, FL 34240 FEI Number: 20-8401498 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VELTRI, VINCENT 8265 BÁRTON FARMS BLVD. SARASOTA, FL 34240 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: VINCENT VELTRI Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete VELTRI, VINCENT F Name: Name: 8265 BARTON FARMS BLVD. Address: Address: City-St-Zip: SARASOTA, FL 34240 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition KELLERMAN, HERBERT Name: Name: Address: 1522 BUOY LANE Address: City-St-Zip: OSPREY, FL 34229 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition GABBERT, TATE Name: Name: Address: 6431 MYAKKA VALLEY TRAIL Address: City-St-Zip: SARASOTA, FL 34241 City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: LASIK, JAMES Name: HAWKINS, FRED W 716 ANNA HOPE LANE Address: 4262 ULSTER AVENUE Address: City-St-Zip: NORTHPORT, FL 34287 City-St-Zip: OSPREY, FL 34229 Title: MGRM () Delete Title: () Change () Addition CURCIO, BRENDEN Name: Name: 322 MICHELANGELO DRIVE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

City-St-Zip:

SIGNATURE: VINCENT VELTRI MGR 10/28/2008