2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 11, 2009
Secretary of State

DOCUMENT# L07000023504

Entity Name: 40 JET, L.L.C.

Current Principal Place of Business:

403 NORTH QUINCY STREET
PERRY, FL 32347

New Principal Place of Business:

Current Mailing Address:

403 NORTH QUINCY STREET
PERRY, FL 32347

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

KETRING, WARD E
403 NORTH QUINCY STREET
PERRY, FL 32347 US

Name and Address of New Registered Agent:

KETRING, EMILY W
403 NORTH QUINCY STREET
PERRY, FL 32347 US

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: EMILY W KETRING 11/11/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: KETRING, WARD E
Address: 403 NORTH QUINCY STREET
City-St-Zip: PERRY, FL 32347

Title: MGRM ( ) Delete
Name: KETRING, EMILY E
Address: 403 NORTH QUINCY STREET
City-St-Zip: PERRY, FL 32347

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: KETRING, EMILY W
Address: 403 NORTH QUINCY STREET
City-St-Zip: PERRY, FL 32347

Title: MGRM (X) Change ( ) Addition
Name: KETRING, WARD
Address: 403 NORTH QUINCY STREET
City-St-Zip: PERRY, FL 32347

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.

SIGNATURE: WARD E KETRING MGRM 11/11/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date