

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000063408

**FILED**  
**Jun 28, 2009**  
**Secretary of State**

**Entity Name:** ADVANCED AVIATION SOLUTIONS LLC

**Current Principal Place of Business:**

4884 SHERIDAN ST  
HOLLYWOOD, FL 33021 US

**New Principal Place of Business:**

3413 WATER OAK DR  
HOLLYWOOD, FL 33021 US

**Current Mailing Address:**

4884 SHERIDAN ST  
HOLLYWOOD, FL 33021 US

**New Mailing Address:**

3413 WATER OAK DR  
HOLLYWOOD, FL 33021 US

**FEI Number:** 83-0486076      **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:**

SHPATS, JOSEPH  
4884 SHERIDAN ST  
HOLLYWOOD, FL 33021 US

**Name and Address of New Registered Agent:**

SHPATS, JOSEPH  
3413 WATER OAK DR  
HOLLYWOOD, FL 33021 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: JOSEPH SHPATS

06/28/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SHPATS, JOSEPH  
Address: 4884 SHERIDAN ST  
City-St-Zip: HOLLYWOOD, FL 33021 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SHPATS, JOSEPH  
Address: 3413 WATER OAK DR  
City-St-Zip: HOLLYWOOD, FL 33021 US

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: JOSEPH SHPATS

MGR

06/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date