

L07000066440

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED
DIVISION OF CORPORATIONS
10 MAY 11 AM 8:16

DOCUMENT #

1. Limited Liability Company's Name

Air Pros of Central Florida LLC
CAC1815546 QB566275

2. Principal Office Address - No P.O. Box #

21 Port Royal Dr

3. Mailing Office Address

21 Port Royal Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Coast FL

City & State

Palm Coast FL

Zip

Country

32164 USA

Zip

Country

32164 USA

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

7/30/07

6. FEI Number

26-0413302

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

James Kuykendall

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

21 Port Royal Dr

Suite, Apt. #, Etc.

City

Palm Coast

State

FL

Zip Code

32164

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date

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
MGR owner	James Kuykendall	21 Port Royal Dr	Palm Coast FL 32164

REINSTATEMENT

2008-2010

200180667852

11. E-mail Address: AIRPROSFL@YAHOO.COM

12. 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

5-2-10

Daytime Phone #

386-437-2929

Typed or printed name of signing Managing Member/Manager