

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 JAN -7 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L07000068304

1. Limited Liability Company's Name

EXECUFLITE LLC

700165134297  
01/07/10--01038--008 \*\*416.25  
CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 13349 NW 47 AV.		3. Mailing Office Address 13349 NW 47 AV.	
Suite, Apt. #, etc. D-9		Suite, Apt. #, etc. D-9	
City & State OPA-Locka FL.		City & State OPA-Locka FL.	
Zip 33054	Country USA	Zip 33054	Country USA

4. State/Country of Formation DELAWARE	
5. Date Organized or Qualified To Do Business in Florida 2007	
6. FEI Number 26-0255640	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name WESLEY B. STURUP		
Street Address (P.O. Box Number is Not Acceptable) 1450 NE 36 ST.		
Suite, Apt. #, Etc. 106		
City Pompano Bch	State FL	Zip Code 33064

☒ 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]*

Date 12.24.09

REGISTERED AGENT MUST SIGN

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.	EDGARY MCPHEE	13661 SW 20 ST	MIRAMAR FL. 33027
REINSTATEMENT 08, 09, 10			

11. E-mail Address: EXECUFLITE.LLC@hotmail.com  
(To be used for future annual report notifications)

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 12.24.09

Daytime Phone # 954 914-8092

Typed or printed name of signing Managing Member/Manager

NOV 8 2009